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The Newsweekly for Pharmacy

C&D

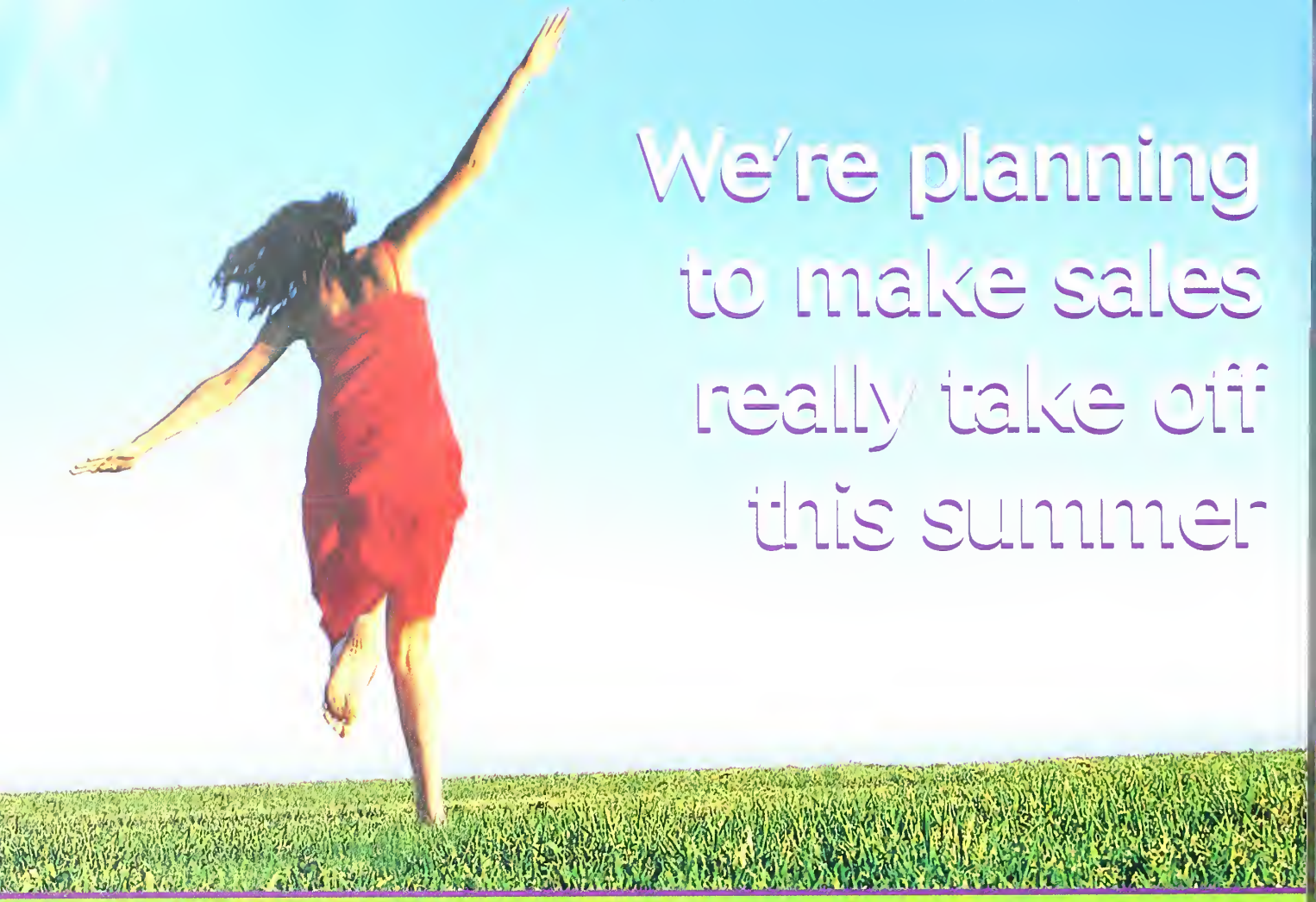
25 June 2005

Injunction puts new oxygen scheme on hold

Society rebukes BMJ for scare over ibuprofen

Further support for Phoenix in EAP takeover bid

A painful year – safety issues and analgesics



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Injunction halts oxygen contracts

The Department of Health has been served with a legal injunction preventing it from signing contracts with the four companies awarded contracts to provide its new integrated home oxygen therapy service (*C&D, June 11, p6*).

The injunction has been served by DeVilbiss of Wollaston, West Midlands, a respiratory product manufacturing division of Sunrise Medical. Although the exact grounds of the injunction have not been disclosed, DeVilbiss is the only oxygen supplier listed on PSNC's website not to have been awarded a contract. It is thought the case will be heard at the High Court in mid-July.

Downplaying the significance of the legal injunction, the DoH says it is still aiming to start the new oxygen service for England by the end of the year. Steve Martin, healthcare business manager from Linde Gas, which was awarded the contract to supply the North East region, also dismissed the legal impasse simply as a "nuisance" rather than an insurmountable obstacle to the start of the new service. He added that Linde Gas was now waiting for clarification from the DoH as to how to proceed.

Air Products of Walton-on-Thames, which won the contract to supply oxygen in six English regions, also said it was waiting for further clarification from the DoH.

The NPA, however, believes that the delay could seriously jeopardise a safe transition to the new service. Pharmacy business manager Raj Nutan said the legal action could mean that pharmacists were handing over control of the service in the middle of the crucial Christmas/New Year period.

"The new oxygen suppliers need to be talking to pharmacists now about the logistics of minimising disruption to patients, yet until the legal action is resolved there is nothing anyone can do. On this basis, we would urge the Department of Health to think about delaying the start of the new service until next year," he said.

DeVilbiss was was unable to comment further as *C&D* went to press. **AC**

CONTRACT

Mezzanine 'loophole' not in Asda plans

Asda is to open three pharmacies using exemptions to the control of entry regulations but has ruled out building mezzanine floors to make use of the 15,000sq m exemption.

The first will be the Eastlands, Manchester store, expected to open on August 1 using the 100-hour exemption. Two further pharmacies will open within two months, at Leigh, near Wigan, under the 100-hour exemption and at Tamworth, using the 15,000sq m exemption. The chain has lodged 11 applications to open 'exempt' pharmacies, five using the 100-hour exemption. It is also planning to challenge the published list of out-of-town developments in two areas, according to superintendent pharmacist John Evans.

Mr Evans refuted suggestions on the Dispensing Doctors' Association website that the chain will use its mezzanine floor-building programme to open more exempt pharmacies. He said mezzanines were "phenomenally expensive to build" and, while they added space, "it is not enough to make the difference" to qualify for the 15,000sq m exemption. **AC**

IT and generics top list of pharmacists' concerns

IT and the reimbursement of generics are top of pharmacy contractors' list of concerns, a survey of UniChem customers has revealed.

There is confusion about the "definitive way forward" for funding IT developments, about the rollout of electronic transmission of prescriptions (ETP), as well as the impact of the new category M of generics on profitability, said Chris Martin, UniChem non-executive director.

A lack of information over what will be the final ETP criteria has been "flagged up as one of the key issues" in delivering the new pharmacy contract, Mr Martin said. The clinical governance elements of the new services mean that pharmacists require IT systems that not only aid the dispensing process, but also seek to integrate this with 'front of shop' activities, such as EPoS, he said, adding that this is an area Nexphase is considering.

Speaking after the latest round of UniChem pharmacy consultative board meetings – a forum to allow feedback from UniChem customers – he expressed doubts over whether the national target for ETP rollout would be met.

"We discussed that issue and it seems a hell of a challenge really in terms of getting 50 per cent ETP compliance by the end of the year. But information is king and we want that information as soon as we can to prepare ourselves for going forward. But realistically that looks less likely to happen," he said.

There is also a concern over the DoH's revised generics system. Contractors will have to wait until the June payment from the PPA to see how the scheme, introduced in April, would impact on profits, he said. It could take at least three months to see the impact because payments depend on a pharmacy's business mix in terms of generics, parallel imports and branded products, he said.

Contractors were also concerned about how to make up the £300m removed from purchase profits with advanced and enhanced services. "At the moment, the feeling is very strong that there isn't very much money around within primary care organisations (PCOs) to encourage us to go into that area."

He added that contractors would need to demonstrate to PCOs how they could help them meet their targets. **GP**

SAFETY

Meter alert

The MHRA is asking pharmacists to contact patients who use three blood glucose meters from Abbott Diabetes Care following reports of users inadvertently changing the units of measurement from mmol per l to mg per dl. Users may think their blood glucose level is high and alter their treatment. The affected meters are: Medisense Optium Xceed, Therasense FreeStyle Mini and Therasense FreeStyle. Abbott can be contacted on 0500 467 466.

Society criticises BMJ's headline-grabbing study

The Royal Pharmaceutical Society has criticised the promotion of a study in the *BMJ* that claimed ibuprofen increased the risk of heart attack.

The way the *BMJ* chose to publish the findings was "evidently geared towards getting a headline", RPSGB practice and quality improvement director David Pruce said in a letter to the journal. This was despite an editorial in the same issue of the *BMJ* that "questioned the study", said Mr Pruce.

The initial media coverage had led to worried people seeking advice from pharmacists and, despite the media allaying public concerns the following day, Mr Pruce said: "Unfortunately, most people will simply remember that ibuprofen is implicated in heart attacks."

Mr Pruce called on the *BMJ* to adopt a "more considered and balanced approach" to the publicising of study findings, particularly when there are "uncertainties and question marks over findings as plainly as there were in this case".

He said the publication had questioned the methodology of the study itself in the editorial, stating that the results "should be viewed with caution".

"We are concerned that no other possible explanation for the findings was addressed," he said. "The study raises questions but does not provide conclusive answers. It warrants further research and publication of data on adverse effects."

The *BMJ*, however, said that, despite the limitations of its design, the study made a useful contribution to the current debate about the safety of non-steroidal anti-inflammatory drugs. It said the paper was fully peer reviewed and highlighted the study's limitations, which were also emphasised in an editorial.

"The *BMJ* takes seriously its responsibilities to ensure accurate and balanced reporting of medical research in the media. All press releases are checked by the editor or deputy editor to ensure that we avoid as far as possible making statements that exaggerate or sensationalise research results. In this case, the press release was at pains to point out, in its second sentence, that patients should not change their medication without consulting their doctors," said the *BMJ*.

A letter from the authors will appear in *C&D* next week. **JE**

Inbrief

Contract deadline

Pharmacy contractors must notify primary care trusts of their hours of opening by the end of June, PSNC has highlighted.

If contractors were on the pharmaceutical list on April 1, 2005, then they must inform PCTs of both their actual hours of opening and their core contracted hours before the end of this month.

Guidance on notifying hours and a notification template are at: *http://www.psnc.org.uk/index.php?type=page&pid=69&k=11#Hours%20of%20opening*.

In addition, contractors must notify PCTs of any fitness to practise matters by October 3.

Failure to meet the deadline could mean contractors are removed from the pharmaceutical list, PSNC has said.

An e-form template for contractors to use to notify PCTs is available on PSNC's website.

For more information:

PSNC

Tel: 01296 432823

Staril recall

A batch of Staril (fosinopril) 20mg Tablets is being recalled by E R Squibb & Sons Ltd due to the presence of an impurity in a single lot of the active ingredient used in the manufacture of the tablets.

Pharmacists should quarantine any remaining stock of batch 5E04720 (expiry date April 14, 2008, first distributed June 6, 2005) and return to suppliers for credit.

For more information:

Bristol-Myers Squibb Pharmaceuticals

Tel: 01244 586265

Smoke-free work

The Department of Health is consulting on how to implement new legislation on banning smoking in enclosed public places and workplaces in England. The consultation also proposes to give the Welsh Assembly the powers it is seeking to establish a ban on smoking in public places in Wales.

The Bill comes as part of a package of smoking reduction measures, which are set out in the *Choosing Health* White Paper. The aim is to make 99 per cent of workplaces smoke-free by the end of 2008.

More information on the consultation, which ends on September 5, can be found at *www.dh.gov.uk/consultations*

Phoenix gets OFT approval for East Anglian purchase

by Max Gosney

Pharmaceutical wholesaler Phoenix has been given the green light by the OFT to complete its takeover of East Anglian Pharmaceuticals.

But the company expressed fears the deal may be halted if rival firms UniChem and AAH Pharmaceuticals, who claim the merger is anti-competitive, launch a fresh challenge to the ruling.

Phoenix anticipated a "frustrating 28-day wait", to see if the pharmaceutical firms will lodge further appeals against the OFT judgement. The company stated it would be "frustrated but unsurprised" by further delays to the EAP acquisition.

Phoenix chief executive David Cole said: "This prolonged process of waiting for a decision has been very frustrating for ourselves and the customers, employees and shareholders of EAP."

David Cole: waiting for OFT decision has been frustrating

The OFT ruled for a second time that Phoenix's merger with EAP would not compromise competition among suppliers in East Anglia.

UniChem and AAH had successfully challenged the original OFT decision after the case was referred to the Competition Appeal Tribunal in April 2005. The tribunal ruled that the OFT had been over reliant on information supplied by Phoenix and EAP when making its original judgement.

UniChem said that it would await the OFT's full findings before initiating a response. Mark Stephenson, marketing director at the company, said: "We are surprised by this in the light of the Competition Appeal Tribunal's recent decision. However, as we have not yet seen the OFT's full reasoned decision, we are unable to comment any further."

AAH refused to comment on whether it would pursue opposition to the merger.

Should its rivals accept the OFT ruling, then Phoenix would pursue a rapid integration with EAP, according to the company. Phoenix outlined plans to integrate EAP's Norwich site into its national framework.

Numark rides sale rumours to hit profit high

Symbol group Numark has announced record breaking £1.7 million profits for 2004 as speculation mounts over the organisation's future.

Numark, which recorded a 20 per cent rise in pre-tax profits last year, has been linked to several takeover bids. Pharmaceutical wholesaler Phoenix recently confirmed interest in the company but rival symbol group Nucare ruled itself out of an acquisition, though it was watching the situation with "great interest".

Numark chief executive David Wood denied the group had received any "firm offers" despite buoyant 2004 profits. He said: "Numark's strong financial performance makes us an attractive prospect for some companies.

"At the moment we are aiming for an AIM listing and any bids will be subject to shareholder approval."

A policy of expansion and brand development had produced strong end of year figures, according to Numark.

"We've had over 100 new members in 2004 and have focused on building the company brand. It's really drawn customers to the pharmacies," added Mr Wood.

TV advertising and brand promotion also helped boost the sales of Numark's OTC brand by 10 per cent in 2004 and own brand sales by 8 per cent, according to company figures.

Rebates for Numark's 1,700 members rose by 11 per cent to an average of £9,194 as the organisation's turnover increased to £53.4m.

The symbol group's £1.7m profit would be "retained and re-invested," stated Mr Wood. Numark would continue to invest in educating members about the new contract and announced the purchase of three pharmacies as part of further expansion plans in 2005.

Numark members could celebrate strong results despite difficult challenges claimed company chairman Lord Fowler. He said: "I believe these figures show that Numark is delivering what the membership requires. It is at times of change like this when Numark can be at its strongest." **MG**

The results

Turnover:	£53.4m
Increase in turnover compared to 2003:	12 per cent
Pre-tax profit:	£1.7m
Increase in profit compared to 2003:	20 per cent

Topical steroid switch sought

Schering Plough has applied to the UK drug licensing body for approval for an over the counter topical corticosteroid containing alclometasone dipropionate 0.05 per cent cream.

The application has requested that the moderately potent steroid be licensed for the short-term treatment and control of eczema and dermatitis in adults and children 12 years and older. The proposed name for the OTC product is Diprolieve Cream.

Questiontime

This week's question:
Should there be a ban on smoking in public?

- Yes, complete
- Yes, partial
- No

You have until noon on June 28 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on July 2.

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[1] Source: IRI 52 w/e 14 May 2005 Total Market Volume Share
[2] Source: IRI 52 w/e 14 May 2005 Total Market Value Share
[3] Source: SCA market potential calculations 2005

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TENA *Pants* Plus	*S	220-9864	4 x 14 (56)
TENA *Pants* Plus	M	220-9872	4 x 10 (40)
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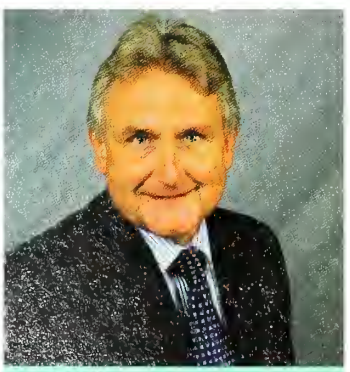
More power prescribed for pharmacists

Pharmacists should be given more prescribing powers and training to fight respiratory illness, Northern Ireland's Department of Health, Social Services and Public Safety has said.

The recommendation, part of a consultation on a 10-year strategy, is aimed at reducing the 2,000 deaths in Northern Ireland from respiratory disease. Increased prescribing powers for pharmacists and nurses would deliver an "integrated approach to medicines management, discharge, rehabilitation, smoking cessation, domiciliary oxygen, nebulisation and vaccination services", adds the report.

Pharmacists were "particularly well placed" to provide advice and support for people with common or acute respiratory illness. Because patients would visit a pharmacy for a mild or short-term respiratory illness, rather than a GP, pharmacists should be trained to give opportunistic smoking cessation advice, says the paper.

Terry Hannawin, acting secretary of the Pharmaceutical Society of Northern Ireland, said he was wary of the strategy's viability: "It sounds very positive and we welcome more pharmacy involvement but unfortunately there doesn't seem to be the resources or funding to back up the good ideas." **AG**



Category M reductions are £200 million too much

The Department of Health is on track to take £200 million too much out of retained purchase profits, AAH has warned after analysing its sales figures since April.

According to AAH group managing director Steve Dunn, estimates for category M drug sales to date show that the April and July *Drug Tariff* recalibrations equate to an approximate annualised reduction of £500m from the supply chain. This means the Government will overshoot its £300m target, said Mr Dunn, implying that price rises – rather than cuts (as incorrectly reported last week; *C&D, June 18, p5*) – should now be on the cards.

Nucare group members have similarly voiced concerns about the volatility of category M. Compounded with the effects of the recent changes to the Pharmaceutical Price Regulation Scheme, these have already had the short-term effect of impacting on cash flow and in the longer-term could reduce profitability and sustainability, Nucare managing director Mahesh Shah warned. "Members are beginning to question whether they will be able to recoup the losses they are experiencing because of the PPRS and category M through professional services."

Avicenna buying group members have reported the same concerns. Chairman Salim Jetha said: "As a funding stream, category M underpins the new contract. If there is a failing in any part of the new contract's foundations then that may affect the overall viability of providing the service.

"Some contractors are beginning to question whether to proceed or to give up. An early indication of how they stand would help them answer that."

Nucare's Mahesh Shah questioned whether the DoH's "manipulation" of market prices is valid, given the principle of free market economics. "The DoH is actively participating in influencing market pricing. Is it the DoH's role to interfere with market forces or is it an abuse of power?"

Picking up this point, Mimi Lau, Numark professional services controller, said: "Remember it was £300m that was agreed by contractors to be taken out and not £500m to be left in. I just hope that the PSNC through their monitoring process can demonstrate any discrepancies to the DoH."

PSNC says it is already talking to the DoH over the July price cuts. Head of finance Mike Dent said: "The removal of amlodipine from the April-June category M list led to a substantial under-recovery against that quarter's target. Using estimated data the DoH sought to ensure that the July category M prices removed this shortfall. PSNC is in discussion with the DoH over the basis for estimation of the amount removed. Any agreed over-recovery will be adjusted for in subsequent periods." **AC**

ETP systems may still change

Pharmacy systems that are ETP-compliant at one stage may not be compliant for the next phase without more development, pharmacy IT systems' representatives have warned.

According to Martin Strange, chairman of the healthcare pharmacy sub-group of the IT trade body Intellect, the primary function of the current ETP implementer pilots, which include sites in Keighley and, more recently, Croydon (*C&D, May21, p4*), is to test the basic feasibility of electronic prescription transfer. Pointing out that that there is currently little work to test the functionality of messaging regarding pharmacy nomination or the specifications for the full pharmaceutical service as outlined by the new pharmacy contract, he said: "The foundation of ETP has to be proven to work first."

But, as each phase of the implementation goes live, the technical compliance hurdle will change to meet the new functional requirement. "What is not clear yet is the level of functionality that will have to be met to achieve compliance to the new contract reimbursement criteria. That could still be some months away," said Mr Strange. In the world of IT, the introduction of a new code generally equals the potential for more bugs, he added, though he stressed that he was not aware of problems with any pharmacy supplier.

The National Programme for IT (NPfIT) confirmed that the roll out of new implementer sites would continue until the end of the third quarter this year, adding that each system supplier would undertake at least one initial implementation each, prior to wider rollout. Although NPfIT reiterated that the programme is on track for full ETP implementation by the end of 2007, it appears to have downscaled expectations for the end of this year from 50 per cent implementation to "significant numbers of pharmacists and GPs". **AC**

PRACTICE

Ealing PCT runs public health campaign

Community pharmacies in Ealing, London have been involved in their first health promotion campaign under the new contract. It raised awareness of heart health and diabetes by focusing on lifestyle risks such as smoking, physical inactivity and diet.

This is not the first time that Ealing pharmacies have worked with the PCT on a co-ordinated campaign, said Fidelma Rogers of the health promotion and community development team at Ealing PCT. "This approach makes a lot of sense and the health promotion team is hoping to learn a great deal from the experience," she said.

Many Ealing pharmacies already provide daily health advice. "In this way, they reach some of the groups that health promoters find hard to reach," added Ms Rogers. "They also play a vital role in pointing people in the direction of appropriate health services."

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As the contract develops and as more information

Chloramphenicol OTC switch gets thumbs up

More than 60 per cent of those who responded to the government proposal to introduce OTC chloramphenicol eye drops were in favour of the switch.

Pharmacy organisations and retail pharmacy chains supported the move along with some PCTs and Royal Colleges, although two responses expressed disappointment that the switch did not include chloramphenicol eye ointment.

But the College of Optometrists, Association of Optometrists and the BMA's Ophthalmic Committee had concerns about misdiagnosis.

In addition, the Specialist Advisory Committee on Antimicrobial Resistance said there was no convincing benefit for the change and it would lead to delays in referral for more serious infections and encourage bad practice such as keeping unused drops for the next bout of infection. **JE**

MEDICINES

Antibiotic fails to cure kids' conjunctivitis

Most children diagnosed with acute conjunctivitis do not need treatment with antibiotics such as chloramphenicol eye drops, as the condition often clears without treatment, a randomised trial has found.

There was no significant difference in cure rate for children treated with either chloramphenicol or a placebo, a study of 326 children published in *The Lancet* has found.

The RPSGB, however, called for further research into antibiotic eye drops before any changes to pharmacy practice could be made.

Researchers at the University of Oxford challenge the MHRA ruling that the health benefits giving chloramphenicol Pharmacy status outweighs the risk to patient safety or bacterial resistance.

Researcher Peter Rose said the study provided compelling evidence against using chloramphenicol eye drops for acute conjunctivitis. **MG**

AstraZeneca refutes EC patent abuse charge

AstraZeneca is to challenge a £40 million European Commission fine after it was found guilty by the organisation of abusing drug patent laws.

The company blasted an EC ruling that it had deliberately hampered generic versions of its blockbuster drug Losec as "legally and factually flawed".

AstraZeneca will appeal against findings that it breached Article 82 of the *European Community Treaty* for the pharmaceuticals sector, which aims to prevent firms illegally profiteering from market dominance.

The EC also found AstraZeneca guilty of misleading regulators to prolong its Losec patent and slowing generic versions of the drug by swapping its formula from capsule to tablet.

Neelie Kroes, EC competition commissioner, said: "Misleading regulators to gain longer protection is a serious infringement of EU competition rules."

However, AstraZeneca stated that it acted in "good faith" when marketing what was once one of the world's best-selling drugs. AstraZeneca chief executive Sir Tom McKillop added: "We believe that a proper evaluation on appeal of all the facts and legal position will confirm that the Commission's analysis is fundamentally flawed." **MG**

Opioid policy needs updating across Europe

Diverse and outdated government policies and regulations on the use and prescription of opioids are contributing to the inadequate treatment of pain across Europe, says a report from the Opioids and Pain European Network of Minds group.

The report reveals that, in every European country, prescriptions for strong opioids must be filled in differently from those for other medicines, and, in some cases, complicated triplicate forms must be filled in. In many countries, doctors must travel in person to regional offices to obtain the forms needed to prescribe opioids, and in others, even pay for these forms themselves.

These unnecessary regulations reinforce "an outdated viewpoint associating these medicines with addiction, abuse and death, in spite of considerable evidence showing the efficacy of their use in managing chronic pain", says the report.

Pharmacist recognition is key to successful quit schemes, says NICE

Research into smoking cessation training programmes has concluded that pharmacists must be recognised as part of the primary care team if they are to become more involved in quit schemes.

Furthermore, training should focus on service delivery instead of smoking statistics, said the National Institute for Health and Clinical Excellence (NICE), which published the paper. It added that consideration must be given to putting in place appropriate staffing levels and funding to deliver smoking cessation programmes effectively.

Twenty five in-depth interviews were conducted with pharmacy chains, PCTs, pharmaceutical companies, associations and educational establishments.

The research document says existing training programmes fall into three broad categories: national training programmes; proprietary training provided by multiple retailers and pharmaceutical companies; and local training, typically organised by PCTs.

There are also three levels of training: level 1 (brief interventions), level 2 (intensive, one-to-one support and advice) and level 3 (group counselling). In the face of this variability, there is "widespread support for training standards to ensure equity and quality of provision". However, the report finds that there is also a need for training to be sufficiently flexible to reflect local priorities and needs.

Because lack of time and resources are often cited as reasons why pharmacists are not providing smoking cessation services, the report says there is also a need to improve the skills of dispensing technicians and pharmacy assistants, as they are often the first point of contact.

"Using support staff, with the pharmacist always available as back-up, would give the service greater reach and therefore greater access," says the report.

Miriam Armstrong, chief executive of public health charity PharmacyHealthLink, commented: "While we recognise that many pharmacists provide an excellent service, the standard of training is by no mean consistent. Training is currently multifaceted and fragmented, with too many providers and too many variations in standard."

She said PharmacyHealthLink was investigating these training standards and considering whether there should be a specific training standard for all health professionals or pharmacy-specific training. "Pharmacists generally need to have more training on how to 'engage' their patients rather than just 'telling' them what they should do," she added. **JE**

For more information:

www.nice.org.uk

RPSGB to help Department

A senior staff member of the RPSGB is to help the DoH develop policy on long-term conditions.

Eileen Nelson, head of policy at the Society, will start a part-time placement at the DoH to work on the long-term conditions agenda.

RPSGB corporate and strategic development director Rob Darracott said that Ms Nelson and Robert Clayton, the Society's long-term conditions and public health lead, were working with the DoH to help develop thinking about the contribution that pharmacists can make to managing long-term conditions.

Inbrief

Foreman takes title

Healthcare group Alliance UniChem has selected Tony Foreman to head its new commercial activities division. Mr Foreman, who is currently managing director at OTC Direct Ltd, fronts the sector, which combines the generics and commercial affairs departments.

Public health date

A PharmacyHealthLink conference to help primary care pharmacists implement the public health strategy for pharmacy will be held at the RPSGB's London offices on July 5 and not as previously reported.

For more information:

Tel: 01642 626400

Lambeth OUTLOOK

Seeking schedule 60

The new health ministry is settling in, so look out for the next batch of legislation, says Beverly Parkin, director of public affairs at the Royal Pharmaceutical Society

One feature of the Government's agenda in the last parliament was the lack of health legislation. True, we had Green and White papers and we had draft Bills but that's as far it went. So we can take heart that this session of parliament has not one, but two health Bills in the offing. These Bills are likely to be defining for Labour's third term and for the direction of the health service as a whole.

You will recall that the White Paper *Choosing Health* provoked considerable debate. *The Health Improvement and Protection Bill* that picks up themes from this White Paper will range across the NHS in its scope, banning smoking here, and tackling hospital acquired infections there. As well as focusing specifically on the workings of the NHS, the Bill will 'cross-cut' to tackle health issues across a range of settings. It will seek to ensure, for example, that a vast majority of enclosed public places and workplaces become smoke-free.

It will fall to the new health minister, Caroline Flint, to pilot key legislation on smoking (a wide-ranging consultation on smoking in public places was published earlier this month) and some of the other pertinent public health issues raised in the White Paper. The new minister for pharmacy, Jane Kennedy, is responsible for tackling hospital acquired infections and will be steering those parts of the Bill that will aim to introduce a code of practice and other anti-MRSA strategies.

Ms Kennedy recently made her debut at the All-Party Pharmacy Group AGM. The Society's president will be meeting her more formally and will be setting out how the profession can contribute to the fight against antibiotic resistance and help deliver the wider health programme.

In addition, the new health Bill will pave the way for the "modernisation of pharmacy and ophthalmic services in terms of skill mix". Of crucial significance to pharmacists will be those parts of the Bill that will respond to the recommendations of the Shipman Inquiry by establishing an action programme for safer management of Controlled Drugs, as well as the creation of a right of entry for primary care trust officers to healthcare premises.

The other health Bill, the *NHS Redress Bill*, more limited in scope, will aim to provide a speedy and appropriate response when things go wrong and provide compensation where appropriate. While this Bill has not been seen to be controversial, the profession will want to fully consider its impact on the lives of pharmacists.

With the *Regulatory Reform Bill*, likely to have an impact on key public regulators, and the *Government of Wales Bill*, which is likely to boost the Assembly's powers, there are some real opportunities to engage and act on this new batch of legislation.

And, of course, for the profession, there is one more significant piece of legislation. The forthcoming and long-awaited *Section 60 Order under the Health Act 1999 ("The Pharmacists and Pharmacy Technicians Order")* will supersede the *Pharmacy Act 1954*, providing a much-needed update of the Society's regulatory powers and, in combination with our new Charter, giving pharmacy a robust governing framework. There will be a public consultation on the Order before it is made and the Society will encourage members to have their say.

Comment from the Editor

Our question to pharmacists this week was:
How far will 'Tiger' Tim Henman go at Wimbledon this year?

"He'll get to the quarter finals – his age means he's not as fab as he was"

Claire Hale, Romsey

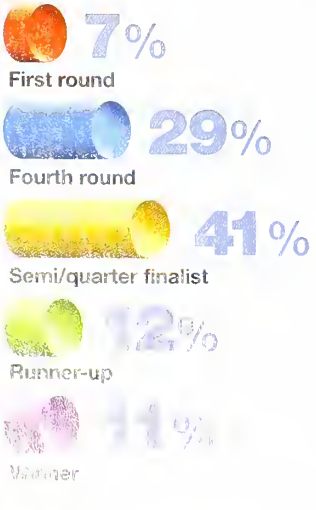
"Quarter finals. He'll meet Andy Roddick and get knocked out of the championship"

Colin Eccles, Otley

"Semi-finals, because he never seems to reach the final"

Ghazala Ahmad, Altrincham

Our online poll at *www.dotpharmacy.com* said...



A new pharmacy health minister came face to face with the profession this week. The meeting was generally cordial, being the summer reception of the All-Party Parliamentary Group on Pharmacy, and the minister, Jane Kennedy, said she looked forward to establishing a dialogue and partnership with pharmacy.

Wisely, Ms Kennedy eschewed much of the speech that had been prepared for her. Instead, being new to the subject, she said she wouldn't try to impress us by pretending to know more than she does.

There's a lot to learn. In the next few weeks she will meet representatives of the pharmacy bodies, and it is then that she may get a better impression of the pharmacy sector; not just the opportunities but some very real concerns.

The *Drug Tariff* and the remuneration of category M generics rumbles on. More worrying, perhaps, is the matter of IT development and what N3 is up to. The lack of communication from the NHS about connectivity standards is helping no-one.

Pharmacists do not know what sort of system to invest in, systems suppliers are seeing the accreditation specifications changing on a regular basis, and the rollout of electronic transmission of prescriptions, ETP, will have a lot of ground to catch up if the target of 50 per cent implementation by the end of the year is to be met.

Many pharmacists are worried and confused, but are coping with this change process as best they can with tremendous support from the various pharmacy organisations and suppliers. It would be a great help, though, if the minister could exert her influence to sort out some of the major stumbling blocks on the part of the NHS.

A busy summer ahead for Ms Kennedy, then. Good luck.

The rollout of ETP has a lot of ground to catch up if targets are to be met

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

Martin Sawyer, executive director of the BAPW, says...

Don't break the supply chain

One issue that wasn't widely reported in last week's otherwise excellent coverage of the British Association of Pharmaceutical Wholesalers' conference (*C&D, June 18, p38*), is the concern expressed by UK full-line wholesalers over pharmaceutical product supplies.

According to BAPW members, the number of 'manufacturer cannot supply' listings this year is unprecedented. Wholesalers are becoming frustrated, are often wrongly accused and strive to remedy a situation that is not of their making. Full-line wholesalers are better equipped than others to withstand and adapt to sudden imbalances between supply and demand. BAPW members have historically been able to work around interruptions to supplies to ensure that patients receive critical medicines.

But how much longer can this fragile state of affairs exist? We saw the concern over diamorphine shortages at the turn of the year; which product could be next?

There have been several jolts to the supply chain over the past six months, including the PPRS settlement, the generics agreement and unilateral manufacturers' actions. Maybe, after so many supply chain adjustments (some self-inflicted), the pharmaceutical manufacturing industry is now trying to cope with unforeseen product demand changes. How can it be that manufacturers are running short of product? Could it be that there is too much change?

With the pharmaceutical sector making manufacturing decisions based on global priorities, no wonder UK supplies can suffer. The DoH will rightly put patients first, and if there are too many supply flashpoints, should we be surprised if the customer begins to exert more control over the supply chain?

The BAPW represents full-line pharmaceutical distributors who between them provide 90 per cent of the nation's medicines.

TOPICAL REFLECTIONS

Fighting pharmacy's corner

Cartoon by Don Seed

Pharmacists have been criticised unfairly from two sides this week. The British Medical Association says we don't know enough about OTC medicines and a smoking cessation service manager says our advice is "lacklustre".

For the BMA to criticise our knowledge of OTC medicines (*C&D, June 18, p6*) is like the NPA suggesting that doctors aren't using their stethoscopes properly. Pharmacists understand OTC medicines from every conceivable angle – they are a mainstay of both our professional practice and our business. We must be fluent in these medicines to practise efficiently and run a successful business.

Most pharmacists can, off the top of their head, name virtually every OTC medicine, its active ingredient, major side effects, cautions and drug interactions. They would also have a good idea of the manufacturer, the price and whether there is a generic equivalent.

GPs' knowledge of OTC medicines is patchy but that's what we're here for. Patients referred by their GP are safe in the knowledge that their pharmacist will give them the best advice and information available.

It's disappointing that PAGB, who are not our representative body but are supposed to be on our side, seem to agree with the BMA in this report. Whatever anyone says, I don't think pharmacists need worry about this area.

At least we had Terry Maguire fighting our corner at the National Smoking Cessation conference (*C&D, June 18, p12*), where we were criticised as "amateurs" with a lack of training. Some of us may have less training than full-time advisors but that is because we already have a good knowledge of physiology and pharmacology and were selling NRT long before most of these clinics were set up.

To compare the experience necessary for smoking cessation advice to that for heart surgery is ridiculous. Smoking cessation is not rocket science and it certainly isn't heart surgery.

Some quitters may prefer to be advised by a non-healthcare professional they've never met before but who has more than an hour's training. But plenty prefer advice from their pharmacist with his or her years of experience in the area, even if they had no formal training whatsoever.

Wholesalers close to the edge

I would have loved to have been a fly on the wall at the recent British Association of Pharmaceutical Wholesalers' Conference (*C&D, June 18, p40*) to find out what they are really thinking.

Organisations will always complain publicly about their difficulties in order to gain support for their cause, but wholesalers have had a rocky time recently and must be seriously concerned about what will hit them next.

The huge cuts in generics reimbursement, the reduction in the price of branded medicines and GSK's new discount structure have apparently cost wholesalers over £300 million annually. Ouch.

Pharmacists have been hit too, but we have been promised at least some of this money back in return for services. Wholesalers have no such balancing mechanism. I guess that the main wholesalers are only surviving because of their vertically integrated pharmacy chains. For companies that already run on very tight margins I wonder how much more they can take before something gives.

Wholesaling is so competitive that the full-liners are offering an increasing range of services at a time when their profits must be falling and that can't be good for business. A possible review of margins could lead to some services being cut. I don't know who would be brave enough to do this first and which services may suffer.

Whichever aspect of the service is cut, whether it's the number of lines held or the frequency of delivery, patients are bound to suffer. I only hope wholesalers can recoup some lost revenues through their increasing array of additional services and prevent this worst case scenario.

Meanwhile, I continue to enjoy an excellent service and hope that some of David Coles's complaints were slightly exaggerated.

Reader REPLY

Primary care needs joined-up thinking

Last week's Sunday Times *(June 19) contained an article saying that some GPs who do not provide an NHS service in the evening or at weekends are charging £55 for private out-of-hours consultations. It highlighted ChaucerDoc, a collective of GPs in Canterbury running such an out-of-hours service.*

Wholesaler boss Steve Dunn has copied C&D into a letter he has sent in response to the Sunday Times:

My business supports high street pharmacists. Many of them read, with bitter frustration, last week's news (*p5*) about concerns over GP cover since GPs shed their patient duties for weekends and evenings so Canterbury patients can get special privileges, if they are able to pay £55.

Meanwhile, PCTs and the new out-of-hours call centres are struggling to cope with demand. Calls are spiking on Saturdays and NHS24 is overwhelmed and slow at diagnosis. What is so galling with these solutions is they are piecemeal and expensive, and overshadow a logical way to ease the burden. A third of the calls to NHS24 are medicines related, yet the NHS is slow to extend prescribing rights to community pharmacists, a professional, accessible resource, able to absorb much of this burden in its stride.

I fear many pharmacists will follow the example set by GPs and shut up shop too

These rights must be made a priority with pharmacists paid to stay open on Saturday when GPs close, giving them a commercial and medical reason to do so when their main business of prescriptions dries up. Without this sort of joined-up thinking, which is sadly lacking, I fear many pharmacists will follow the example set by GPs and shut up shop too.

Steve Dunn,
managing director
AAH Pharmaceuticals Group

The rise of **private**

Georgina Craig of The Company Chemists' Association looks at Government policy aimed at encouraging private sector investment in primary care service provision and considers the opportunities for community pharmacy

The NHS sees choice and diversity to be as important in primary care as it is in hospital services. However, for choice to be a reality, there must be excess capacity – and primary care today has little of that.

The NHS signalled earlier this year its intention to allow new entrants into the primary care market. *Creating a Patient-Led NHS: Delivering the NHS Improvement Plan* stated quite clearly that in order to deliver choice, the NHS would need to innovate – and that the blurring of professional boundaries provided scope for creativity. This innovation would create some radically different types of service provision and "free up the entrepreneurialism within primary care and develop new types of provider organisations".

It may seem ironic for community pharmacy contractors to hear such words from the NHS. For many years, pharmacists' "entrepreneurialism" has been the factor that differentiates community pharmacy from the rest of the NHS. But the world is changing – and that which once made us different could well prove to be our competitive advantage in the future.

The NHS is in effect opening itself up to the market. By 2008 any organisation which can deliver services to NHS standards at the NHS tariff price will be able to apply to be included in the list of provider options offered to patients. And in future, funding for all providers will be wholly decided by patient choice and tariff payments. While at the moment the focus is on elective surgery, it is just the beginning. The Government is committed to making choice a reality across the whole NHS system and, although what choice means in the context of primary care is still a little unclear, it is generally accepted that in the future patients will be able to choose any provider who offers a service they need, including GPs and their teams; pharmacies; independent and voluntary sector providers; and new entrants to the market.

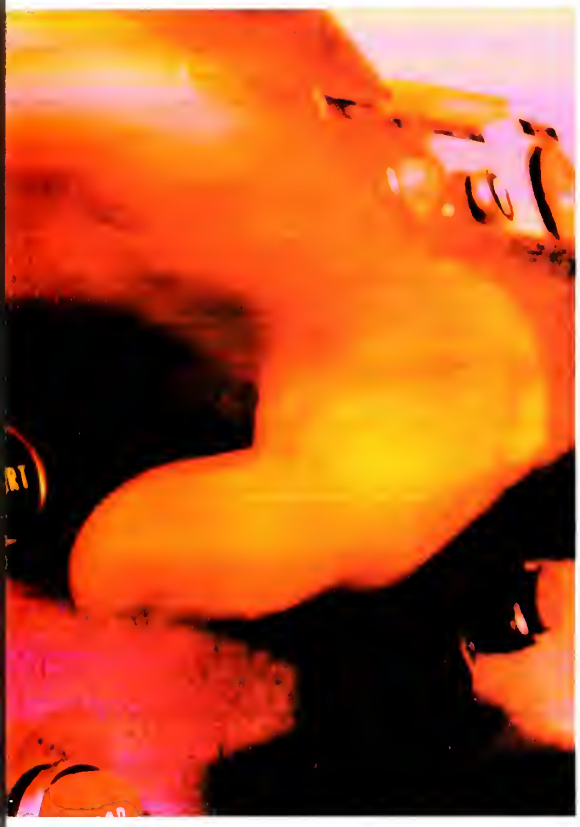
The Government has a number of key objectives for primary care service development over the coming years:

- to give patients more choice and control wherever possible over their NHS and social care
- to provide fast, convenient services, delivered very locally and shaped around people's needs and preferences
- to provide as much care as possible close to people's homes.

There is also a strong commitment to health improvement and self-care, which is spelt out in *Choosing Health*. This commitment includes ensuring the public have easy access to services to support smoking cessation, healthy eating, obesity and sexual health; there is also recognition of the contribution pharmacists have made to helping people care for themselves at home – with a focus on minor ailments management. Alongside this, the Government wants to improve the management of long-term conditions through earlier diagnosis, intervention and support, and by empowering people to manage their own condition, as well as supporting them with timely, proactive, personalised, specialist professional care.

This looks like a service development agenda, made for community pharmacy – and this, coupled with the recognition that primary care needs to adapt and evolve and offer new choices for patients who

primary care



want alternatives to traditional models, ie general practice, means that the time is right for some radical thinking about what the definition of a community pharmacy business is.

Increasingly, with the focus on more clinical services, it will be hard to differentiate between what happens in a pharmacy, a general practice or walk-in centre for instance. If independent prescribing becomes widespread among community pharmacists, the boundaries become even more blurred.

For those who decide to enter into this new primary care market, there are a number of contracting routes open. Many services could be designed as locally negotiated enhanced services under the new pharmacy contract; local pharmaceutical services (LPS) remain a possibility – but it is likely that PCTs will be thinking about commissioning these services through another route which is also open to pharmacy contractors.

It is called "alternative providers of medical services" – APMS for short, and it was introduced as part of the new general medical services contract in April 2004. At the moment, APMS contracts are used mainly with GP co-operatives to commission out-of-hours care, but APMS is seen as the main vehicle for ferrying new entrants into primary care.

The legislation behind APMS is very enabling. It is broad – and in effect enables any organisation – commercial, voluntary or NHS – to contract with the NHS to provide primary care services. Again, the definition of primary care services is broad – and could encompass pretty much any enhanced service you could dream up.

It is likely that the forthcoming White Paper on family health services (*C&D, May 28, p12*) will reinforce NHS commitment to private sector provision in primary care – and many predict that PCTs will get targets for APMS contracts, similar to those set when personal medical services (PMS) contracts were introduced. If this happens it will create a significant opportunity for community pharmacy to make it easy for PCTs to meet their APMS targets by contracting for pharmacy based services.

Going down this route will create an added hassle factor of working with a second contractual mechanism at local level, but watch this space. The Government has signalled that it wants to centralise the management of primary care contracts for just this reason – and it is looking to set up a mechanism to do this, which on paper looks and sounds very much like the PPA. So it may well be that the only hassle for contractors longer term will be in submitting two different types of invoice – one for each contract – at the end of each month. And if contracting through APMS means there is a better chance of getting scarce PCT budgets allocated to community pharmacy, it might make the hassle worthwhile.

The world is changing – that which once made us different could well prove to be our competitive advantage in the future

The PIP Code Technical Panel wants to be able to represent the seven digit PIP codes that are published in the *C&D Price List* in a machine-readable barcode format. *C&D* Price Service manager **Patrick Grice** explains why and asks for your views

Product codes are part of everyday life in the retail trade. They pop up on screen when medicines are dispensed against a prescription; they are used to transmit orders to wholesalers, and they can be scanned at point of sale to record a transaction.

At a basic level a product code is a string of numbers that uniquely identifies an item. It can be made more sophisticated to indicate whether the item is a product outer, or a 'consumer unit'; it can include a manufacturer's identification and details such as batch number and expiry date.

Without product codes many of the functions of retail or dispensary computer systems would not work. Product coding, and maintaining the right code against the right product, is vital to the effective operation of any modern retail business.

For those involved with supply chain logistics, product coding is in the limelight at present. Now that coding systems are well established, and machine-readable codes widely carried on products, manufacturers and wholesalers are keen to use scanning technology to gain operational efficiencies. Hospital and community pharmacies will not be far behind.

For automated stock recognition by wholesalers and robotic dispensing systems to work effectively products need to carry a machine-readable code. Being able to track and match products in the medicines supply chain is seen as a means of improving patient safety by:

- aiding product recalls
- reducing the risk of counterfeit products entering the supply chain
- providing an additional safeguard to ensure the right product goes to the right patient.

With these points in mind, the NHS National Patient Safety Agency is currently compiling a regulatory impact analysis for a proposal to adopt a standardised system for the use of machine-readable codes on medicine products in the UK. In 2004 the NHS Purchasing and Supplies Agency recommended the voluntary use of barcodes for identification of medicines sold to and used by the NHS in England.

Any pharmacist who questions the benefits that retailers can gain from electronic point of sale systems and product scanning need look no further than the heavyweight competition in the high street.

However, effective, consistent and accessible product codes and product file management are pre-requisites for the widespread uptake and usage of scanning technology. It is at this point that what in theory is a good idea collides head-on with everyday realities.

A diversity of coding systems is used in community pharmacies, and arguably this has held back widespread use of scanning technology compared to other sectors. Some coding systems apply only to NHS prescribable products, others are wholesaler specific. Some codes, such as EAN barcodes, are issued and updated (with varying degrees of efficiency) by manufacturers, others are issued and monitored by a controlling body (such as PIP codes or dm+d).

Some codes can be scanned and others can't. PIP code is not machine-readable, for example. To help introduce a greater element of standardisation, and to encourage the uptake of scanning technology, the PIP Code Technical Panel, a representative group of wholesalers, retailers and IT system suppliers that oversees the PIP code, wants to be able to represent its seven digits within an EAN barcode format (*see top panel opposite*).

Coding systems in community pharmacy

PIP codes are widely used, and most pharmacy staff understand that they can look up the code for a product in the *C&D Price List* and use it to order the item. The *Price List* database is available to wholesalers and IT system suppliers who want to utilise the product file in their software.

The PIP code file is centrally maintained, which means every user gets the same information. This is an important strength of the system, and its simplicity, wide distribution and low cost to users has seen PIP code prosper within the pharmacy sector for longer than its originators might have anticipated.

Without product codes many of the functions of retail or dispensary computer systems would not work

That does not mean PIP is without drawbacks. Usage is limited to the pharmacy sector, so it is a 'niche' coding system. PIP codes are not machine readable – they cannot be scanned using standard barcode scanners. From a more technical perspective, PIP code is not ISO accredited, so lacks 'official' recognition.

Uptake of EPoS systems, particularly by the large supermarket chains, has led to the widespread adoption of barcodes, which are machine-readable. Without a barcode many large grocery chains will not consider stocking a product.

EAN-13 is the most common barcode format found on consumer items. GSI, which regulates the EAN system in the UK, claims that 92 per cent of medicines packs carry a barcode. Typically an EAN-13 code is made up as follows:

CC MMMM PPPPPP D

- CC - 'country code'. UK sourced products usually carry the prefix 50
- MMMM – company prefix, typically four to seven digits
- PPPPPP – product reference, typically three to six digits depending on length of company prefix
- D – check digit to verify code is valid.

PIP codes in the future

For retail pharmacists to invest in technology such as barcode readers the PIP Code Technical Consultative Panel believes it is important to have the ability to represent PIP codes in a machine-readable format.

The Panel is consulting with PIP Code users with a view to requesting a PIP identifier for EAN symbology from GS1 UK, the body that manages EANUCC coding standards in the UK. The Panel believes this will encourage the take-up of scanning technology in community pharmacies and align PIP codes with EAN.UCC standards (to read the full consultation paper, visit *www.dotpharmacy.com*).

The Panel wants to maintain the current benefits of PIP code for those that use it, but also allow it to be used with technologies that are already in use (such as barcode readers) or under development, such as RFID (radio frequency ID tags).

This does not mean there would be changes to the way PIP codes are issued or presented in the *Price List*. Rather, it would mean PIP codes could be embedded into an EAN structure so that anyone scanning the code could recognise it contained a PIP code, and hence identify the product to which it is assigned.

C&D and the National Pharmaceutical Association (which jointly have copyright in the PIP code) are involved with an industry-wide initiative, the UK Pharmaceutical Supply Chain Working Group. At its last meeting in June the Group looked at the Panel's initiative, and requested GS1 UK to look into the technical requirements of the proposal.

There are precedents for the integration of other coding systems into EAN format. ISBN numbers, used on books and periodicals, can be incorporated into an EAN barcode, for example. In Europe there are a number of instances where product codes issued by a third party are incorporated into an EAN code.

In France, CIP, the pharmaceutical product association, uses the prefix 3400 and 3401 to envelop a seven digit authorisation number for medical products. In Switzerland codes are allocated by the RefData foundation in conjunction with health authorities:
Eg 76 819 XXXXXPP C
76 'Country code' for Switzerland
819 Prefix for RefData
XXXXXPP BAG number (allocated by health authorities) plus pack code
C check digit

Mainstream UK manufacturers will not want to put two EAN-13 barcodes on a pack, but organisations such as the Association of the British Pharmaceutical Industry are already looking beyond EAN-13 to EAN 128 (which allows inclusion of batch numbers and expiry dates), two dimensional matrix codes and radio frequency tags, which allow inclusion of yet more information. In theory a manufacturer could embed a PIP EAN code into such a 2D matrix or RFID tag if it chose to.

However, suppliers such as parallel importers who already use PIP codes to feed their products into the pharmacy supply chain may see PIP EAN as a helpful solution for them. Retail pharmacy businesses and wholesalers that manage their own PIP product file also see benefits in PIP EAN codes for promotional and other internally coded lines.

Assuming the proposal receives broad support, the next stage is to prepare a formal business case and submit a change request to GS1 UK to allow it to be implemented.

However, EAN-13 codes are not maintained on a central register. Companies are issued with a prefix – or identifier – and then required to manage their own product codes. Some of the practical difficulties of using EAN codes and scanning technology in pharmacies were highlighted in a trial run by a company called Aegate in late 2004 (*see below*).

Community pharmacists will soon be encountering another coding system with the rollout of electronic transfer of prescriptions. Items that can be prescribed will be specified in a *Dictionary of Medicines and Devices* (dm+d), which is based on a clinical coding system called Snomed CT. Scanning is not an option here, and the codes will only apply to medicines, and not toiletry and other front shop inventory.

To allow interoperability between these various systems, organisations that maintain product databases have extensively mapped one code to another where there is a match, ie the product characteristics are the same. PIP codes are mapped to EAN codes and dm+d codes where possible, although this information is only available to those who use the electronic database.

If PIP codes come to be incorporated in an EAN barcode this should add a further degree of flexibility, while at the same time encouraging moves towards a common system. Questions PIP code users might like to ask themselves are:

- Is the proposal likely to encourage the take-up of scanning technology in pharmacies?
- What potential applications do you see for machine-readable PIP codes?
- Will there be any potential disruption to existing operating systems?

Any comments on the proposal from the PIP Code Technical Panel should be sent to: *pgrice@empinformation* and/or *n.cox@rpsgb.org.uk*

The Aegate Trial

Bar code scanners were installed in 50 dispensaries, and items scanned for a period of 100 days. The purpose of the trial was to determine if product identification and scanning technologies were robust enough for commercial use. Over 175,000 items were scanned during the trial. The results showed that:

- Around 10 to 15 per cent of products carried no EAN code.
- Of the 6,975 different lines scanned, 2,007 carried EAN codes that were not recognised by Aegate's database (which used the *C&D Price List* database).

The majority of these codes belonged to products that would not normally be listed in the *C&D Price List* database, such as parallel imports, secondary care lines, own-label products and discontinued lines which had been taken out of the product file.

Where do pharmacists stand on advising about herbal remedies? In the first of two articles **David Reissner** and **Noel Wardle**, solicitors with Charles Russell LLP, set out the legal framework and the implications for pharmacy

The **herbal remedy** dilemma

Herbal practitioners and manufacturers of herbal remedies currently enjoy a level of regulatory freedom unrivalled in the healthcare sector.

But as that sector moves towards greater regulation and concerns grow about the efficacy and safety of herbal remedies and their interaction with regulated medicine, the winds of change are blowing through Westminster and Brussels.

In this article we will look at the current system for the supply of herbal remedies.

The manufacture and sale of medicinal products in the UK is governed by *The Medicines Act 1968*. 'Medicinal product' in this context applies to any substance or combination of substances presented for treating or preventing disease in human beings.

Ordinarily, a product licence or marketing authorisation is required before a medicinal product can be sold or supplied in the UK. The Medicine and Healthcare Products Regulatory Agency (MHRA) is the UK body responsible for administering the licensing system. However, the Act has an exemption from the need for a licence or authorisation if a herbal remedy is:

- not on a list of excluded medicines
- produced only by drying, crushing or comminuting
- sold or supplied under a designation which only specifies the plant or plants and the process and does not apply any other name to the remedy
- without any written recommendation (whether by means of a labelled container or package or a leaflet or in any other way) as to the use of the remedy.

This is the exemption used by the majority of herbal remedy manufacturers whose products are sold over the counter in supermarkets, healthfood shops and pharmacies. It means that a herbal product cannot have a descriptive name such as "liver drops", or one which omits the specific plant name.

There is great demand in the UK for herbal remedies, which are often seen as more 'natural' than other medicines. Herbal remedies can thus be sold without evidence of efficacy having been demonstrated in order to secure a product licence or marketing authorisation.

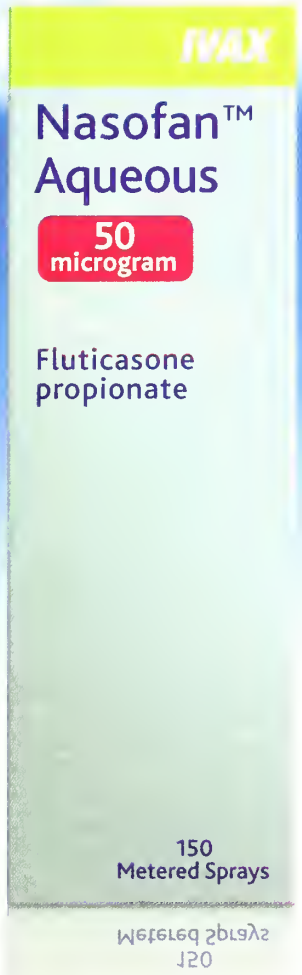
No doubt there is a cost benefit to manufacturers and consumers of herbal remedies through avoiding the licensing process other medicines have to go through. Arguably, there is a downside to this because the safety, quality and efficacy of the herbal remedies cannot be guaranteed. This is of particular concern where there is evidence that some herbal remedies may be contraindicated with certain prescribed medication.

A notable example is St John's wort, which may interfere with warfarin, the contraceptive pill, migraine, depression, HIV medication and theophylline. There is no requirement at present for St John's wort preparations to be labelled so as to warn patients of these contraindications; there has been real concern in pharmacy circles that this may put patients' health at risk. In 2003, the UK Government banned Kava Kava because of reports of liver toxicity. This caused considerable controversy and, even though it later appeared that the decision was based on shaky science, a legal challenge to the ban failed in the High Court.

Professionals who sell herbal remedies, such as pharmacists, are in a dilemma as to whether to advise patients seeking treatment for a particular condition to consider alternative medicine. If the remedy itself is not permitted to make any medical claims as to effectiveness (because it is unlicensed) and is not required to give safety information that a

Continued on page 22 ▶

This article can help in the following CPD competencies: C1f, G1c, G1a, C1a. A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*



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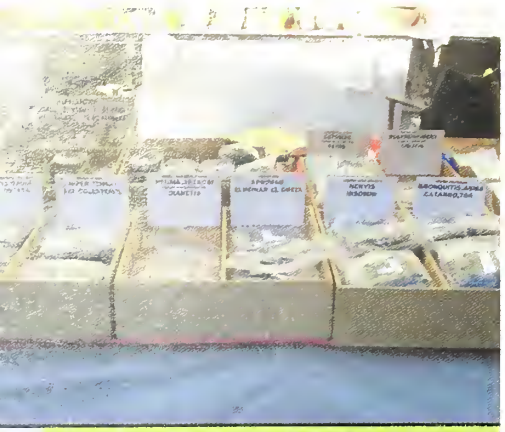

Herbal remedies, particularly Chinese, have been found to contain steroids and heavy toxic metals

pharmacist is used to seeing in relation to GSL medicines, can the pharmacist safely advise on its use? At the moment there is no clear guidance on this and the pharmacist must use his or her judgment based on the (often limited and sometimes contradictory) information available.

Professionally, pharmacists are required by the Royal Pharmaceutical Society's *Code of Ethics* to treat the safety and wellbeing of patients as customers as their prime concern, ahead of any commercial considerations. They are allowed to offer advice on herbal medicines and other complementary therapies only if they have undertaken suitable training or have specialised knowledge.

The need for herbal remedies to have a product licence or marketing authorisation can also be avoided where the consumer has a one-to-one consultation with a herbalist who prepares the remedy (or instructs a third party to prepare the remedy) in order to treat the patient for the specific conditions that have been assessed at the consultation. Typical examples of this sort of consultation are traditional Chinese medicine and Ayurveda.

Patients can be disadvantaged by buying products that are unlicensed. Firstly, they have no guarantees as to efficacy, quality and safety. Studies carried out by the MHRA have shown that the traditional Chinese names for individual remedies (Pin Yin) may, in fact, cover a variety of different plants, some of which are toxic. For example, ingredients traded using the name Fangji can be used to describe the roots of the toxic Aristolochia fangchi or the harmless Stephania or Cocculus species. Analysis of some products, particularly Chinese, by the EU has shown that they contain steroids and heavy toxic metals. In some cases sellers of such products have been successfully prosecuted by the MHRA. In one case last year the owner of a Chinese herbal business was fined £2,700 and ordered to pay £4,000 costs for breaches of the *Medicines Act*.

Anyone can set up shop as a herbalist

Secondly, the herbalist may have had little or no training. Anyone can set up shop as a herbalist. There is no compulsory statutory regime for regulating traditional medicine practitioners, although practitioners may be members of voluntary organisations such as the National Institute of Medical Herbalists or the International Register of Consultant Herbalists and Homoeopaths, which have strict qualification requirements.

The current legal framework has been in place for over 35 years and times have changed. The market is much larger and more commercial than it was in 1968 when the *Medicines Act* came onto the statute book. In light of growing unease in some circles with perceived deficiencies in the current regime, a two-pronged approach is being introduced. The first comes from Brussels and is well advanced, the second comes from Westminster and is still at the consultation stage.

In the next article, we will look at both, and the effects they will have in the coming years.

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CPD

This article can help in the following CPD competencies: **G1c, C1f, C1a, G8f.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

In the first in a series on treating minor ailments, *Alan Nathan* describes the management of a common summer complaint

Relieving the runs

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1341), in association with multiple choice questions being published in *C&D* July 2, provides one hour's continuing education

Course Aims

- To revise the causes of diarrhoea
- To be able to differentiate between different types
- To revise OTC anti-diarrhoeals and how they act
- To be aware of the evidence base for these medicines
- To know when to refer

Diarrhoea is defined as the passing of increased amounts of loose stools (more than 300g in 24 hours in adults). There are several causes, but the condition is usually short-lived and symptoms can be treated with OTC medication.

The main features are summarised in *Table 1* and an aid to differential diagnosis is in *Table 2*.

Epidemiology

a) Acute diarrhoea. The exact incidence is unknown, but it is very common and everybody is thought to have a bout at least once in their life.

b) Travellers' diarrhoea. Between 30 and 80 per cent of all travellers are estimated to suffer. In up to about 60 per cent of cases no pathogenic cause is found. Of the rest, the causative organisms are:

- Enterotoxigenic *Escherichia coli* – responsible for 40–75 per cent of travellers' diarrhoea from an infectious cause; most common in Africa and Central America.
- Enterohaemorrhagic *E coli* and Shigella species – up to 15 per cent, most common in Africa and Central America.
- Salmonella species – up to 10 per cent.
- *Campylobacter jejuni* – up to 10 per cent, more common in travellers in Asia.
- Viruses (for example rotavirus, Norwalk virus), protozoa and helminths – up to 10 per cent.
- *Giardia lamblia* (especially occurs in travellers in Eastern Europe) and *Entamoeba histolytica* – up to 3 per cent.

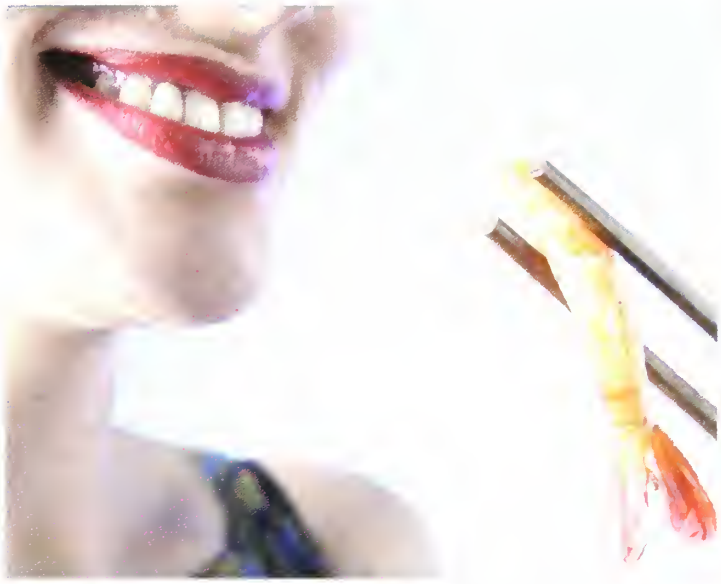
Non-prescription treatments

For a list of brands and their ingredients see the latest *C&D Guide to OTC Medicines and Diagnostics*.

Oral rehydration therapy. The first line of treatment for acute diarrhoea is fluid and electrolyte replacement by oral rehydration therapy (ORT). Normal faeces contain 60 to 85 per cent water, and the body loses between 70 and 200ml of water per day through defecation. In diarrhoea, water loss of up to four times this volume per loose stool occurs, and sodium and potassium alkaline salts are excreted along with it, leading to a fall in plasma pH (acidosis). This can have serious metabolic consequences, particularly in the very young and the elderly. Fluid and electrolyte losses are increased if vomiting also occurs.

Oral rehydration salts are not intended to relieve symptoms but are designed to replace water and electrolytes lost through diarrhoea and vomiting. They contain sodium and potassium to replace these essential ions and citrate and/or bicarbonate to correct acidosis. Glucose is also an important ingredient as it acts as a carrier for the transport of sodium ions, and hence water, across the mucosa of the small intestine, as well as providing the energy necessary for that process.

One brand, Dioralyte Relief, contains pre-cooked rice powder in place of glucose. The manufacturer claims that it achieves even greater rehydration than glucose over time, and the rice powder is claimed to help produce firmer stools, leading to faster recovery compared with glucose.



Travellers to areas of risk should be advised to avoid shellfish and fish, unless they are sure the food is fresh and has not come from water near a sewage outlet

ORT can be recommended for patients of any age, even when referral to a doctor is considered necessary. There are no contra-indications unless the patient is vomiting frequently and unable to keep the solution down, in which case intravenous fluid and electrolyte replacement may be necessary. Fluid overload from excessive administration of ORT is highly unlikely, but possible if it is continued in babies and young children for more than 48 hours. Fluid overload is recognised by the eyelids becoming puffy, and is rapidly corrected by withholding ORT and other liquids.

Anti-motility agents. Non-prescription medicines are available containing the opioid drugs loperamide, morphine, codeine and diphenoxylate. One of the effects of opioid drugs is to cause constipation by increasing tone of both the small and large bowel and reducing intestinal motility. They also increase sphincter tone and decrease secretory activity along the gastrointestinal tract. Decreased motility enhances fluid and electrolyte reabsorption and decreases the volume of intestinal contents.

Loperamide has a high affinity for, and exerts a direct action on, opiate receptors in the gut wall. It

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Cambridge Counterpart
Pharmacy Assistant Development

The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 13,600 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

Counterpart's 15 distance learning modules are accredited by the College of Pharmacy Practice.

How to register

Each assistant must be registered for telephone marking and certification at a cost of £41.13. Each assistant will also need access to a training pack. A pack costs £29.38 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.

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Course registration fee of £41.13 per person

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Name _____ £ _____

Sub total £ _____

Please include ( ) sets of modules at £29.38 each £ _____

Total £ _____

All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269

Table 1: Main features of diarrhoea

Causes

a) Acute diarrhoea: Infective diarrhoea, gastroenteritis caused by bacterial or viral infection, usually from contaminated food. Damage to cells in the intestinal mucosa causes inflammation, preventing the absorption of water from the intestine into the bloodstream, and the fluid is evacuated in watery stools. The condition is self-limiting and normally resolves within 72 hours.

b) Travellers' diarrhoea: The term given to diarrhoea experienced by travellers or holidaymakers. The causes, and the severity of symptoms, vary with location. Attacks are normally short-lived, lasting between four and seven days, and begin early in a trip although they can occur at any time. Some infections can cause persistent or recurrent diarrhoea and systemic complications. More serious microbial infections, such as typhoid and cholera, and parasitic infections, such as giardiasis and amoebic dysentery, may be contracted in tropical and sub-tropical areas. Up to 15 per cent of patients with travellers' diarrhoea have dysentery (bloody diarrhoea).

c) Chronic diarrhoea: Recurrent or persistent; several causes, requires medical investigation. Causes include: irritable bowel syndrome – a common functional bowel disorder of unknown aetiology, of which diarrhoea is a common symptom; inflammatory bowel disease (for example, Crohn's disease, ulcerative colitis); malabsorption syndromes (such as coeliac disease); bowel tumour; metabolic disease (diabetes, hyperthyroidism) side effects of drugs; laxative abuse.

Clinical features

a) Acute diarrhoea

- Rapid onset.
- Watery stools, passed frequently.
- Resolves spontaneously within 72 hours.
- There may be abdominal cramps and flatulence; nausea and vomiting; weakness and malaise; fever.
- Diarrhoea may be associated with respiratory symptoms in babies and young children.

b) Travellers' diarrhoea

- Early onset, usually within first three days of trip.
- Normally of short duration; mean four days, maximum seven days.
- Bloody diarrhoea in about 15 per cent of cases.
- Other symptoms as for acute diarrhoea.

c) Differential diagnosis

See Table 2.

When to refer

- Duration: more than 72 hours in older children and adults; more than 48 hours in children under three years and elderly patients; more than 24 hours in people with diabetes; more than 24 hours in babies under one year. Refer babies under three months immediately.
- Diarrhoea associated with severe vomiting and fever.
- History of change in bowel habit; recurrent diarrhoea.
- Presence of blood or mucus in stools.
- Suspected adverse drug reaction.
- Alternating constipation and diarrhoea in elderly patients - may indicate faecal impaction.
- Signs of dehydration in babies: dry skin, sunken eyes and fontanelle, dry tongue, drowsiness, less urine than normal.

Non-prescription treatment

(See main text for details)

- Oral rehydration therapy (ORT).
- Anti-diarrhoeals; anti-motility agents; adsorbents.

Associated advice for patients suffering with diarrhoea

- Drink plenty of clear fluids, such as water and diluted squash.
- Avoid drinks high in sugar as these can prolong diarrhoea.
- Avoid milk and milky drinks, as a temporary lactose intolerance occurs due to damage caused by infecting organisms to the cells lining the intestine, making diarrhoea worse.
- Many people with acute diarrhoea do not feel like eating, but those who do will probably benefit from eating light, easily digested food.
- Babies should continue to be fed, whether by breast or bottle. Dilute formula feeds to quarter strength, and build back up to normal over three days. Feed more frequently than normal and supplement with ORT.

Advice to avoid travellers' diarrhoea in areas of risk

- Always wash hands thoroughly with soap and dry in the air or with a clean towel before using them to put anything in the mouth. Carry antiseptic wipes or hand cleaning gel in case washing facilities are not available.
- Avoid the local drinking water, even for cleaning teeth, and drink only bottled mineral water. Avoid ice cubes, dairy products, ice cream and home-distilled drinks.
- Eat only fresh foods that have been directly and sufficiently heat-treated.
- Avoid unpeeled fruit and vegetables and uncooked meat.
- Do not eat salads that have been washed in the local drinking water.
- Avoid shellfish and fish unless sure that they are fresh and have not been living in water near to a sewage outlet.
- Avoid food from street stalls unless you can be sure this is fresh and cooked instantly.
- Try to eat only in establishments that are clean and hygienically run. Try to look inside the kitchen to ensure that there are no flies, no leftover food in pots, and that the staff have no visible sores or boils.
- Generally, follow the dictum: "Cook it, boil it, peel it - or leave it."

also has a high first-pass metabolism so little reaches the systemic circulation, and at the restricted dosage permitted for non-prescription use it is unlikely to cause any of the side effects associated with opiates. It is not licensed for non-prescription use in children under 12 years.

Imodium Plus Caplets combine loperamide with the surfactant compound simeticone. The manufacturer claims the formulation relieves the cramping and bloating that can accompany diarrhoea, and that the combination reduces the duration of diarrhoea compared with loperamide alone.

Morphine acts promptly on the intestine (within one hour of administration), because of its direct action on intestinal smooth muscle and quick absorption from the gastrointestinal tract. Its action peaks within two to three hours and lasts about four hours. Morphine is not well absorbed orally and its availability may be reduced in combination products because of its adsorption on to other constituents. The morphine content (mostly between 0.5mg-0.9mg morphine hydrochloride per adult dose) may also be sub-therapeutic, as 1.5-2mg is thought necessary to be effective. In addition, morphine, particularly in kaolin and morphine mixture, is subject to abuse and many pharmacists severely restrict its sale. Codeine is a weaker opioid than morphine.

Diphenoxylate is a synthetic derivative of pethidine. It has little or no central action but acts selectively on gastrointestinal smooth muscle. It takes longer to act than loperamide.

In Dymotil, diphenoxylate is combined with atropine as co-phenotrope. Atropine is included at a sub-therapeutic dose to discourage abuse, on the premise that unpleasant antimuscarinic effects will be experienced if higher than recommended doses are taken. Co-phenotrope is not licensed for non-prescription use in children under 16 years.

Adsorbents. The rationale behind the use of adsorbents is that they are capable of adsorbing microbial toxins and micro-organisms on to their surfaces. Because these substances are not absorbed from the gastrointestinal tract, the toxins and micro-organisms are thereby excreted in the stool. This lack of absorption also means that adsorbents are relatively harmless and safe to use, but there is little evidence that they are effective.

Adsorption is a non-specific process and, as well as adsorbing toxins, bacteria and water, the drugs may interfere with the absorption of other drugs from the intestine, and this should be borne in mind if recommending adsorbent antidiarrhoeals to patients taking other medicines. The adsorbents used in anti-diarrhoeals are kaolin, attapulgite and bismuth salicylate.

Bismuth subsalicylate is claimed to possess adsorbent properties, and some studies have shown it to be effective in treating

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Table 2: Differential diagnosis

Feature	Significance	Possible indication
Frequency and nature of stools	Rapid onset. Watery stools, passed frequently	Acute or travellers' diarrhoea
	Blood and/or mucus in stool	Travellers' diarrhoea or inflammatory bowel disease
Occurrence	Isolated occurrences	Acute or travellers' diarrhoea
	Recurrent	Chronic diarrhoea
Duration	Resolves spontaneously within 72 hours	Acute diarrhoea
	Resolves within 7 days	Travellers' diarrhoea
	Continues beyond 7 days	Chronic diarrhoea
Onset	Begins within a few hours to a day or two after eating contaminated food	Acute diarrhoea
	Begins during or soon after return from visit to tropical or sub-tropical country	Travellers' diarrhoea
Timing of diarrhoea	Throughout the day	Acute or travellers' diarrhoea
	Early morning or during the night	Inflammatory bowel disease

diarrhoea. Large doses are required and salicylate absorption may occur; it should be avoided by individuals sensitive to aspirin.

Evidence base

As is the case for many non-prescription medicines, there is little published evidence of the effectiveness or otherwise of treatments for diarrhoea, and much of what there is comes from trials conducted some time ago.

ORT. There appear to be no systematic reviews or randomised controlled trials (RCTs) evaluating the effects of oral rehydration solutions for acute diarrhoea relevant to people living in developed countries such as the UK, although it has been shown to be beneficial for treating diarrhoea in people living in developing countries.[1]

Anti-motility agents. Several RCTs, cited in *Clinical Evidence*, found that loperamide reduced the duration of diarrhoea and improved symptoms of acute diarrhoea compared with placebo.[1] One RCT found that diphenoxylate-atropine reduced the rate of bowel actions compared with placebo but did not actually reduce the duration of diarrhoea.[2] One trial found that a loperamide-simeticone combination product provided faster and more complete relief of acute diarrhoea and associated gas-related abdominal discomfort than either of its components or placebo.[3] However, this study appears to have been carried out by the preparation's manufacturer.

Adsorbents. Some studies have shown bismuth salicylate to have some beneficial effect on diarrhoea, but less effective than loperamide.[4,5,6] There appear to have been no RCTs conducted on kaolin or other adsorbents.

Product choices

- Based on rational criteria, the choice of products available for diarrhoea is limited.
- Where fluid and electrolyte replacement is considered advisable, and particularly for babies, young children and the elderly, oral rehydration therapy can be recommended.
- For adults who want to curtail diarrhoea, loperamide or co-phenotrope appear to be the best choices.

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Actionplan

1. Search the internet for other sources of information on diarrhoea, including articles published in the pharmacy press.
2. Find out more about the restrictions on bismuth salicylate use. Does it present a threat to aspirin-sensitive patients?
3. Are there significant differences between the various oral rehydration therapy products available OTC?
4. Consider when you would recommend ORT and/or loperamide or co-phenotrope.
5. The article concludes that "based on rational criteria, the choice of products available for diarrhoea is limited". Do you agree?
6. In your practice workbook record the next 50 cases of diarrhoea you treat. What did you recommend? Why? Analyse how many you just advised (no medicines), sold a rehydration product, sold an anti-diarrhoeal or the two combined. Can you draw any conclusions from these results?

Distance learning for pharmacists

Readers who use **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D* readers can self-test their progress by using the multiple choice questions (MCQs) paper to be inserted in the July 2 issue, which will cover this week's CPP-accredited module, and those in the June 4 and 11 issues. These will cover:

- **Laxatives part 2 (1339)** ● **Basic bugs part 3 (1340)** ● **Minor ailments part 1 (1341).**

The marking service offers independent verification of results – details on the monthly MCQ papers. Anyone not yet registered for Pharmacy Update can contact Mary Prebble on 01732 377269.

Complan. Nutrition never looked so good

Take a fresh look at Complan, because there's never been a more satisfying range of healthy nutritional supplements.

Complan helps elderly people get the vitality they need from complete, nutritionally balanced portions full of essential vitamins and minerals. With a wide choice of tasty options, including sweet drinks, soups and breakfast cereal, there's something to suit their preferences at any time of the day.

It's no wonder that Complan is the market leader, with a market share of over 48%.* What is more, to support you, we're spending £300,000 over the summer on consumer advertising and a campaign to GPs and nurses, to encourage them to recommend Complan to the many elderly patients who need a nutritional boost.

So why not stock up on Complan, a great way to supplement your business.

Watch out for a great new look to Complan this Autumn.

*IRA data: 52 weeks sales value to 16 April 2005

The complete nutritional range

Antibiotics found to make little difference in lower RTIs

Antibiotics make little difference to the outcomes of patients with uncomplicated lower respiratory tract infections, say UK clinicians.

Over 800 patients presenting in primary care with uncomplicated, acute cough accompanied by one or more of sputum, chest pain, dyspnoea or wheeze, were randomised to receive immediate antibiotics, antibiotics after 14 days if symptoms had not resolved, or no medication. Around half the study participants in each group were also provided with a leaflet containing details on the condition.

No significant difference was reported between the three groups in terms of cough duration. However, the proportion of patients who said they were "very satisfied" with the treatment they received varied from 86 per cent for the immediate antibiotic group to 72 per cent for those who were not given antibiotics. The provision of an information leaflet had no effect on patient outcomes.

The authors say their findings suggest that "for most patients, antibiotics probably provide modest symptomatic relief". They add that the study confirms the long natural history of LRTIs, and say practitioners should advise patients that the illness will last an average of three weeks in total.

In an editorial accompanying the paper in this week's *JAMA*, Michigan State University's Mark Ebell highlights the patient satisfaction scores. But he warns against confusing patient satisfaction with better outcomes, saying prescribers "must be mindful of the duty to the larger community that suffers financially and medically when antibiotics are overused".

For more information:

JAMA 2005; 293: 3029-3035

Choose antidepressant agent, advises study

Doctor and patient preference should govern whether a tricyclic antidepressant, selective serotonin reuptake inhibitor or lofepramine is used to treat depressive illness, says a UK study.

An open study randomised 327 patients presenting with a new episode of depression in primary care to receive a TCA (amitriptyline or imipramine), an SSRI (fluoxetine, paroxetine or sertraline) or lofepramine. However, patients or GPs were able to choose an alternative treatment if they preferred.

Although there was no significant difference in the number of depression-free weeks between the groups, a higher proportion of patients randomised to TCAs chose an alternative treatment. In addition, more patients in the lofepramine arm switched to another drug in the first few weeks of treatment. This happened infrequently in those who chose their medication.

The authors conclude that given the low probability of significant differences in cost-effectiveness, it is appropriate to base the first choice between these three drug classes on preference. This strategy may result in less switching of medication subsequently, they explain.

For more information:

Health Technol Assess 2005; 9 (16)

Prednisolone may reduce miscarriage

Scientists in Denmark have reported that prednisolone may have a role in reducing the incidence of recurrent miscarriage.

Emerging findings have shown that the steroid lowers the high number of uterine natural killer cells present in the endometrium of women who suffer from the condition. The researchers hope to follow their small-scale study with a randomised controlled trial in the near future.

Dimeticone found to be an effective headlice medication

A paper published in this week's *BMJ* says that dimeticone lotion is an effective headlice treatment.

The researchers randomised over 250 people with active head louse infestation to receive either dimethicone 4 per cent lotion or phenothrin 0.5 per cent liquid. Participants were advised to apply the product to the whole of the scalp, shampoo out after 12 hours and then repeat the regimen seven days later.

Dimeticone lotion has been found to be a viable alternative to conventional therapies for headlice infestations

Just under 70 per cent of the trial subjects using dimeticone were cured of their headlice infestation compared to 78 per cent of the phenothrin group.

Significantly fewer irritant reactions were experienced by those using dimeticone, which irreversibly immobilises headlice by coating and disrupting the insects' ability to manage water.

In the paper, the researchers herald dimeticone's "efficacy, lack of odour and relative ease of use" as a viable alternative to conventional headlice therapies. They add: "The current treatment problems caused by resistance to neuroactive insecticides will not affect this product and it should be acceptable to people reluctant to use insecticides on safety grounds."

For more information:

BMJ 2005; 330: 1423-5

Scriptlines

Biatain dressings

Two new dressings have been added to the Biatain range and will be NHS-prescribable from July 1.

Biatain Rectangular 10x20cm non-adhesive and 18x28cm adhesive dressings are designed for use on large, irregular shaped wounds. They are indicated for the treatment of exuding wounds at the granulation or epithelialisation stage of healing, such as leg, pressure and diabetic foot ulcers.

NHS prices and pip codes:

10x20cm non-adhesive 5s £17.45 315-7674, 18x28cm adhesive 10s £67.90 315-7666

Coloplast Ltd

Tel: 01733 392000

Zanidip tabs

Responsibility for stocking, distributing and promoting Zanidip 10mg tablets in the UK will transfer to Recordati Pharmaceuticals, the product manufacturer, from Napp Pharmaceuticals on July 1.

For more information:

Recordati Pharmaceuticals Ltd

Tel: 01784 224210

Scholl Flight Socks can help ensure your customers arrive at their summer holiday destinations in the best possible shape

In-flight health with Scholl Flight Socks

Clinically proven to help prevent deep vein thrombosis (DVT), Scholl Flight Socks and Flight Socks Sheer have a graduated compression system to help improve blood flow and ease other problems that can occur on flights or long trips including swollen ankles and tired, aching legs.

Healthcare professionals are increasingly recognising that long periods of inactivity – combined with the cramped conditions and dehydration associated with flying – can lead to circulatory problems, including DVT.

Recent research indicates there is an increased risk of having DVT develop on flights of four hours or more.

Recent improvements to the Scholl Flight Socks packaging and range ensures customers understand what's on offer, and find a product to suit their needs.

The black Flight Socks are unisex, with the Flight Socks Sheer – a natural 30 denier knee high – suitable for female travellers. All Scholl Flight Socks use the latest technology to ensure a safe and comfortable journey.

The 'cotton feel' fabrics and anti-microbial properties banish odours and ensure travellers' step off their flight fresh and healthy.

Scholl brand manager Jo Howard said: "Scholl is committed to medical research and continuously uses the findings to improve the range, ensuring the travelling public benefits from the very latest in medical knowledge.

"Scholl is the market leader in compression hosiery, and the modifications to the product are a direct result of listening to, and understanding the needs of our customers."

The following factors increase individual's risk of developing DVT*:

- Previous history of venous thrombosis (blood clots) and pulmonary embolism
- Age above 40 (risk increases with age)
- Pregnancy
- Use of oral contraceptives or Hormone Replacement Therapy (HRT)
- Obesity
- Varicose veins
- Recent surgery or injury, especially to lower limbs/abdomen
- Cancer
- Genetic blood clotting abnormalities (for example, Factor V Leiden)

** Based on World Health Organisation International Travel and Health*

Be sure to pull up your socks before lift off!

A major TV ad campaign is set to boost sales of Scholl Flight Socks in pharmacies nationwide this summer.

Targeting those who are planning their holidays this summer, the £800,000 multi-channel campaign will be on air in July.

They warn that one in 26 flyers can develop a blood clot that could be a potentially fatal deep vein thrombosis (DVT) and recommend compression hosiery and exercise as effective methods of reducing the risk.

The adverts will launch on 4th July on ITV.

- Scholl Flight Socks have a recommended retail price of £12.99 and are available in three sizes, 3-6, 6½-9 and 9½-12.
- Scholl Flight Socks Sheer have a recommended retail price of £12.99 and are available in two sizes 4-6 and 6½-8.

Scholl
MEDICALLY PROVEN
Flight Socks

Impulse bursts into summer with Shakers

Unilever is extending its Impulse range with a limited edition body fragrance line this summer.

Impulse Shakers introduces a new format to the body spray category. Each product contains a shaker ball enabling the user to shake the can, blend the ingredients together and spray all over the body for a light, refreshing burst of fragrance.

Designed to offer the 'scent of summer in a can', the range includes three fragrances – Berry Crush (zingy green can), Frangipani Fling (hot pink can) and Melon Madness (sunshine yellow can).

The packaging is designed for strong shelf standout and to complement the existing Impulse range.

Available until December 2005, the range forms part of a £3 million investment in Impulse this year.

Price: £1.99

Unilever UK Home & Personal Care
Tel: 020 8439 6100

Postman Pat and Macleans make a winning team

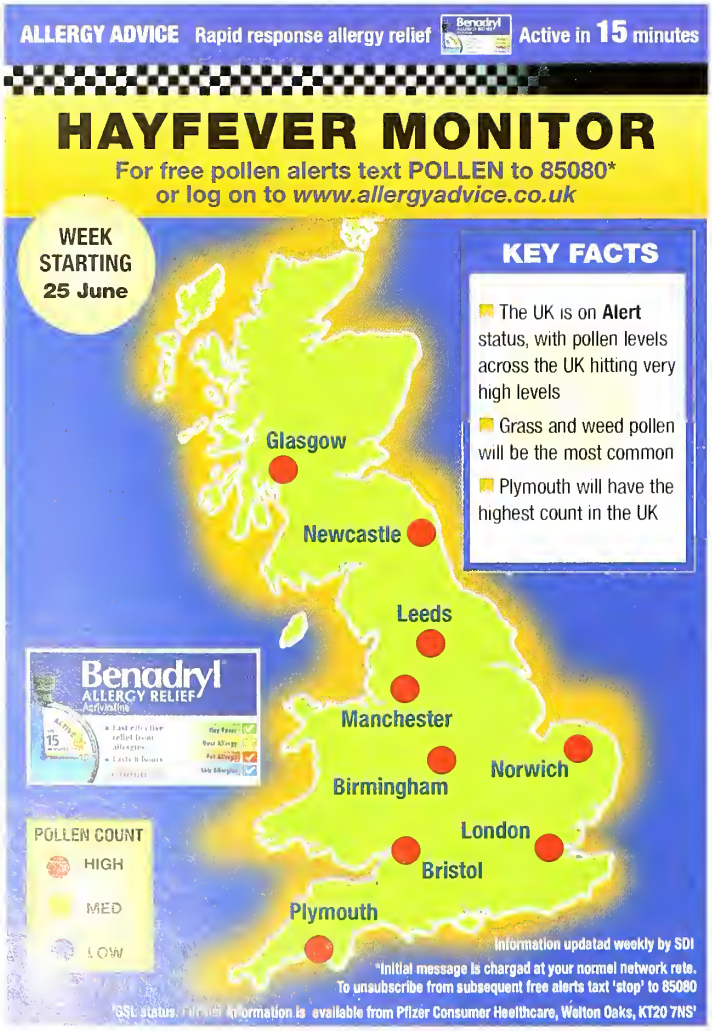
GlaxoSmithKline Consumer Healthcare has teamed up with the owners of the *Postman Pat* series to run an on-pack promotion for Macleans Milk Teeth.

Consumers will have the opportunity to collect three books from the new *Postman Pat* mini character book series. The promotion is designed to encourage multiple purchases for shoppers who wish to collect the whole series. It will run in-store for approximately three months.

The promotion is part of a £500,000 marketing campaign which also includes press advertising in parenting magazines. Sepia advertisements each feature a different child and slogan with educational text stressing the importance of using a specialised paste for children. Sticky note coupons are attached to selected advertisements to encourage trial.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637



More bite for Eurax this summer

Novartis Consumer Health will support its Eurax anti-itch creams and lotions with a radio campaign from July until the end of August.

The national campaign is designed to draw attention to the brand's role as a family summer essential.

The advertisements will feature familiar family sounds of summer such as children having fun, playing on the beach and enjoying a picnic. This is combined with the children complaining about insect bites, sunburn and rashes. Eurax soon puts a stop to this so that the happier sounds of summer are quickly back in earshot.

For more information:

Novartis Consumer Health
Tel: 01403 210211

Elegant Touch at your fingertips

Original Additions is launching a new range of natural looking false nails into its Elegant Touch range.

Elegant Touch Hollywood French Nails are decorated with a French manicure and come in a short nail length with new application tabs.

The nails have a small white tip and a brush finish that looks as though the user has painted polish on herself.

The false nails are available in four shades – Beverly Hills, Sunset Strip, Hollywood Boulevard and Rodeo Drive.

Price: £7.25

Pack size: 24 nails
Original Additions (Beauty Products) Ltd
Tel: 020 8573 9907

Braun powers up for an all-round shave

Braun launches a premium range of electric shavers on August 1.

360° Complete comprises two models designed to provide an all-round close shave. Features include a power-comb which gently raises the hairs that lie flat against the skin, and precision-comfort blades which help reduce skin irritation.

Both the 8995 and 8985 models come with a Clean & Renew system which cleans, lubricates, dries and recharges the shaver. The 8995 also features an LED panel displaying cleaning and charging information.

The range replaces Braun's Activator shavers.

Price: Model 8985 £159.99; Model 8995 £189.99

Braun (UK) Ltd
Tel: 020 8560 1234

Inbrief

Bisodol update

Forest Laboratories is discontinuing its Bisodol Original 60s pack. Bisodol Original will still be available in packs of 28, 30 and 100.

For more information:
Forest Laboratories
Tel: 01322 550550

Exorex campaign

Forest Laboratories is supporting its Exorex Lotion coal tar treatment for psoriasis with an advertising campaign targeting health professionals. The campaign, which will run until March 2006, features a mermaid to demonstrate that underneath psoriasis scales lies beautiful skin.

For more information:
Forest Laboratories
Tel: 01322 550550

Oz distributor

Petty, Wood and Company has taken over the pharmacy distribution of the Australian Natures Organics shampoos and conditioners in the UK. The products come in three fruity variants – Melon & Berry, Blueberry & Kiwi and Lemon & Lime.

Price: £0.99

Pack size: 500ml
Petty, Wood and Company
Tel: 01264 345500

Scrub up with tea tree oil

Australian Bodycare is adding a facial exfoliator to its range of pure tea tree oil skincare products.

Facial Scrub contains 1 per cent tea tree oil and exfoliating beads that remove impurities and dead skin cells without being abrasive.

The product is formulated to provide a gentle, deep cleansing action and is suitable for all skin types. It is recommended for use once or twice a week.

Price: £7.99

Australian Bodycare Ltd
Tel: 01892 750888

Inbrief

Waterproof lashes

Coty is adding a new waterproof mascara into its Rimmel range in July. Volume Flash Waterproof Mascara is designed to thicken lashes in minimum time with no clumping, clogging or flaking.

Price: £4.99

Coty (UK) Ltd
Tel: 020 8971 1300

Alcon campaign is an eye opener

Alcon Laboratories is backing its ICaps dietary supplement for healthy eyes with point of sale material for pharmacies.

The material includes a counter unit containing leaflets detailing ICaps usage and benefits. The initiative aims to deliver the message that ICaps may help to maintain eye health for the over 50s.

Recent research has shown that eye health is a low priority for the over 50s, compared to other age-related health worries.

A spokesman says: "The pharmacist is in a strong position to raise the profile of eye health and encourage customers to make it a health priority by offering ways in which to maintain healthy eyes, particularly during older age."

For more information:
Alcon Laboratories (UK) Ltd
Tel: 01442 341234

More tongue tricks for Aquafresh

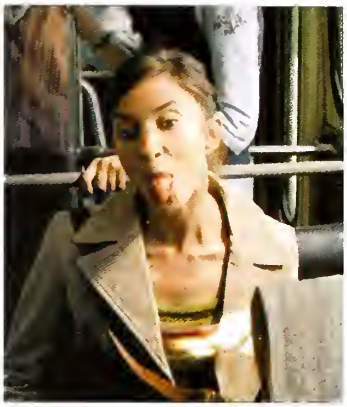
Aquafresh will be back on TV from the end of June until October 3 as part of a £4.5 million advertising spend for the brand this year.

The campaign focuses on Aquafresh Extreme Clean toothpaste and the Aquafresh Tooth & Tongue brush. It aims to strengthen the association between the two products and the concept of cleaning both teeth and tongue.

One commercial is set on a bus and features a young woman and a boy who sticks out his tongue, highlighting the fact that the tongue is a major source of bacteria.

The other commercial shows a young woman cleaning her teeth in a unisex washroom and using tongue tricks to flirt with an attractive man alongside her. Both end with the message: 'Taking the feeling of clean to the extreme'.

For more information:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637



L'Oreal cleans up with skin wipes

L'Oreal will introduce cleansing wipes especially for oily or combination skin in August.

Dermo Expertise Pure Zone Deep Purifying Cleansing Wipes are formulated to replicate the effect of blotting paper with oil-absorbing properties that draw out excess sebum and impurities trapped on the skin's surface and in its pores.

The active ingredients are salicylic acid and sebo-calmyl (seaweed extract) to treat the problems and causes of oily skin.

The wipes are formulated to soothe and calm the skin, leaving it shine-free.

Price: £4.49
Pack size: 25 wipes
L'Oreal Group UK
Tel: 020 8762 4000

TV

Anadin Extra: All areas

Canestan AF: C

Freestyle Mini: GMTV

Germoloids: C4, five, GMTV, Sat

Radox Shower: STV, C,A,HTV,M,LWT, CAR, C4, five, GMTV, Sat

Rennie: All areas except CTV, CAR

Scholl Odour: C4, five, GMTV, Sat

Scholl Party Feet: C4, five, Sat

TENA Lady: All areas except U, CTV, LWT, GMTV

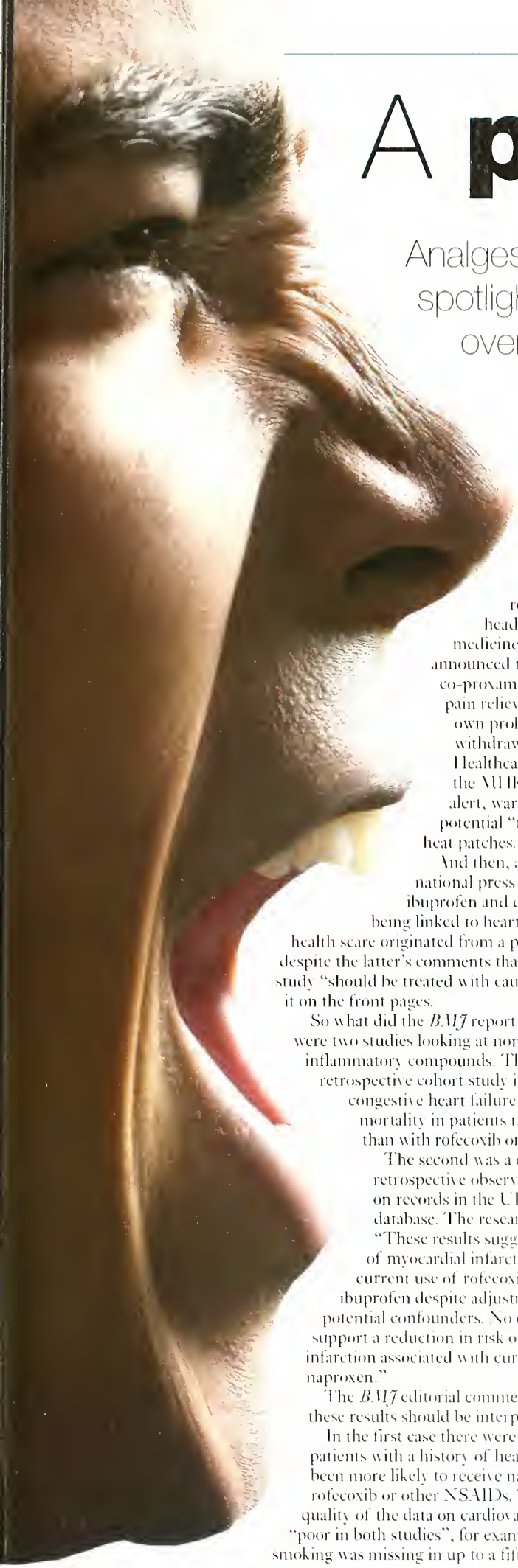
TENA Pants Discreet: All areas except U, CTV, LWT, GMTV

Traveleeze: GMTV

Zovirax Cold Sore Cream: C4, five, Sat

PharmaSite for next week: Bazuka – Window, **Hayfever Care Range** – in-store, **Pepto-Bismol** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



A **painful** year

Analgesics and safety issues have been in the spotlight recently. *C&D* looks at the debate over the recent paper on NSAIDs possibly being associated with heart attacks

It has not been a particularly good year for painkillers. The Cox-2 inhibitor safety concerns have appeared regularly in the headlines, and the medicines regulator announced the withdrawal of co-proxamol in January. Even pain relieving devices had their own problems, with the withdrawal by Crookes Healthcare of a heat patch and the MHRA recently issued an alert, warning there was a potential "risk of burns" with heat patches.

And then, a fortnight ago, the national press made a big noise over ibuprofen and drugs in the same class being linked to heart attacks. The latest health scare originated from a paper in the *BMJ*, and despite the latter's comments that the results of the study "should be treated with caution", the tabloids put it on the front pages.

So what did the *BMJ* report really say? Well, there were two studies looking at non-steroidal anti-inflammatory compounds. The first was a retrospective cohort study in patients with congestive heart failure which found lower mortality in patients treated with celecoxib than with rofecoxib or traditional NSAIDs.

The second was a case-control study – a retrospective observational study based on records in the UK general practice database. The researchers concluded: "These results suggest an increased risk of myocardial infarction associated with current use of rofecoxib, diclofenac and ibuprofen despite adjustment for many potential confounders. No evidence was found to support a reduction in risk of myocardial infarction associated with current use of naproxen."

The *BMJ* editorial commented: "We believe that these results should be interpreted with caution."

In the first case there were concerns over how patients with a history of heart disease may have been more likely to receive naproxen than rofecoxib or other NSAIDs. The concern over the quality of the data on cardiovascular risk factors was "poor in both studies", for example information on smoking was missing in up to a fifth of records in the first study and was "entirely unavailable in the retrospective cohort study", ie the one that generated the headlines.

Indeed, the study's authors' acknowledge that: "This is an observational study and may be subject to residual confounding that cannot be fully corrected for." But they stress: "Enough concerns may exist to warrant a reconsideration of the cardiovascular safety of all NSAIDs."

Fortunately for those who read beyond the headline, there was some counterbalance. One of the authors, Professor Julia Hippsley Cox, was quoted as saying that the study was observational and that despite it showing that diclofenac apparently increased the risk of heart attack by 55 per cent among the over 65s, this means that one extra patient in every 521 taking diclofenac would have a heart attack linked to the drug. She also advised that patients should not stop taking their medicines.

The Medicines and Healthcare Products Regulatory Agency put out a statement to reassure the public, saying that ibuprofen had an excellent track record as an OTC product. It also said that it was participating in a European-wide study into NSAIDs , so would be looking at this latest study.

David Bruce, director of practice and quality improvement at the Royal Pharmaceutical Society, told the BBC: "This type of study is fraught with difficulties. We are concerned that too much credence may be given to this study, which may not be warranted."

Immediate online reaction to the *BMJ's* article included a question as to why NSAIDs had been prescribed in the first place. "Are these people prescribed NSAIDS for 'musculoskeletal' chest pain when in reality they have ischaemic heart disease?" asked Duncan Peacock, an A&E consultant in Great Yarmouth. "Does the improvement of mobility restriction due to arthritic pain lead to increased exercise and subsequent stress on people's myocardium?"

Michael Jordan, a consultant anaesthetist from Chertsey, pointed out that "although the study corrects for obesity, it does not take level of physical activity into account. If we encourage patients on NSAIDs to stop taking them, it seems likely that they will become even more inactive and at greater risk of coronary events. Isn't it likely that their underlying condition is the real cause of their increased proneness to myocardial infarction?"

And Robert Gude, a GP from Tavistock, argued that these people were taking NSAIDs mainly for arthritic conditions. However: "The connection between the underlying inflammation and hyperviscosity and

Continued on page 35 ▶

Anadin*

Taking the pain out of decision making

Product	Action	Active	Recommendation
	**Fast triple** action formula	**Aspirin** – targets the point of pain **Paracetamol** – helps block pain messages getting to the brain **Caffeine** – accelerates pain relief	• Headaches • General aches and pains • Period pains • Migraines
	**Double** action	**Aspirin** – targets the point of pain **Caffeine** – accelerates pain relief	• Headaches • General aches and pains
	**Strong,** fast and long lasting	**Ibuprofen** – targets the site of pain	• Back pain • Joint pain • Muscle ache • Migraines
	**Strong,** and long lasting	**Ibuprofen** – targets the site of pain	• Back pain • Joint pain • Muscle ache • Migraines
	**Gentle** on the stomach	**Paracetamol** – helps block pain messages getting to the brain	• General aches and pains • Cold and flu • Fever • Suitable for children 6+ yrs

Anadin - Providing effective pain relief for more than 70 years

For more information, pharmacists, counter assistants and consumers can call the Anadin Careline on 0845 111 0151.

ANADIN* ORIGINAL. Presentation: Tablet for oral administration. Each tablet contains Aspirin BP 325mg and Caffeine Ph Eur 15mg. Indications: For the treatment of mild to moderate pain including headache, migraine, neuralgia, toothache, sore throat, period pains and aches and pains. Symptomatic treatment of sprains, strains, rheumatic pain, sciatica, lumbago, fibrositis, muscular aches and pains, joint swelling and stiffness influenza, feverishness, feverish colds. Dosage: Adults, the elderly and young persons aged 16 years and over: 2 tablets every 4 hours. Do not exceed 12 tablets in any 24 hours. Not for children under 16 years unless on the advice of a doctor. Contraindications: Hypersensitivity to the active ingredients or any of the other constituents. Peptic ulceration and those with a history of peptic ulceration, haemophilia, concurrent anti-coagulant therapy, children under 16 years and when breast feeding because of possible risk of Reye's Syndrome. Interactions: Concurrent use of other NSAIDs or corticosteroids may increase the likelihood of GI side effects. May potentiate the effects of anticoagulants, valproate and methotrexate. May reduce the effects of diuretics. The effect of phenytoin may be enhanced by aspirin. Metoclopramide increases the rate of absorption of aspirin. Special warnings: Use with caution in patients with asthma, allergic disease, impairment of hepatic or renal function (avoid if severe) and dehydration. Do not use in patients with stomach ulcer. There is a possible association between aspirin and Reye's Syndrome when given to children. Reye's Syndrome is a very rare disease which affects the brain and liver and can be fatal. For this reason aspirin should not be given to children under 16 years. Precautions: Do not exceed the stated dose. Side effects: Side effects are mild and infrequent, but there is a high incidence of gastro-intestinal irritation with slight asymptomatic blood loss. Increased bleeding time. May cause bronchospasm and induce asthma attacks or other hypersensitivity reactions in susceptible individuals. Aspirin may induce gastro-intestinal haemorrhage. Aspirin may precipitate gout in susceptible individuals. Possible risk of Reye's Syndrome in children under 16 years. High doses of caffeine can cause tremor and palpitations. Effects on ability to drive and use machines: None known. Incompatibilities. None known. Use during pregnancy and lactation: Not recommended in late pregnancy or when breastfeeding. Overdosage: Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis, metabolic acidosis and convulsions. Pharmaceutical precautions: No special precautions. Shelf life: 2 years. Legal category: Up to 16 tablets GSL, 17-32 tablets P. Package quantities and prices RRP: Blister packs of: 6 tablets RRP £0.85, 12 tablets RRP £1.45, 16 tablets RRP £1.85, 32 tablets RRP £2.70. Marketing Authorisation No: PL 00165/0060. Marketing Authorisation Holder. Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 0PH. Date of preparation: May 2005 **ANADIN* PARACETAMOL**. Presentation: Tablet for oral administration. Each tablet contains Paracetamol Ph Eur 500 mg. Uses: For the treatment of mild to moderate pain including headache, migraine, neuralgia, sore throat, aches and pains, period and dental pain and symptomatic treatment of influenza, feverishness and feverish colds. Dosage: Adults, the Elderly and young persons over 12 years: 2 tablets every 4 hours to a maximum of 8 tablets in 24 hours. Children (6-12): 1 tablet every 4 hours to a maximum 4 tablets in 24 hours. Not for children under 6. Contraindications. Hypersensitivity to paracetamol or any of the constituents. Interactions: Chronic use enhances effect of warfarin. Cholestyramine reduces absorption of paracetamol. Metoclopramide and domperidone increase absorption of paracetamol. May interact with chloramphenicol causing increased plasma levels of chloramphenicol. Special warnings: Should be given with care to patients with impaired liver or kidney function. Do not take with any other paracetamol product. Precautions: Do not exceed the stated dose. Side Effects. Side effects are usually mild, though haematological reactions have been reported. Rashes and other allergic reactions occur occasionally. Isolated reports of thrombocytopenia purpura, methaemoglobinaemia and agranulocytosis. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: There is clinical and epidemiological evidence of safety of paracetamol in pregnancy. Not contraindicated in breast feeding. Overdosage: Prompt treatment is essential in the management of paracetamol overdosage since patients might not exhibit early symptoms of overdose. Symptoms of paracetamol overdose may include pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion. In severe poisoning hepatic failure, renal failure and cardiac arrythmias may occur. Pharmaceutical precautions: No special precautions. Legal category: 8 and 16 packs GSL – 32 packs P. Package quantities and Prices RRP: blister packs of: 8's RRP £1.10, 16's RRP £1.85, 32's RRP £2.70. Product licence No: PL 00165/0056. Shelf life: 5 years. Product Authorisation Holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH. Date of preparation: May 2005. **ANADIN* ULTRA**. Presentation: Liquid filled, clear green soft oval capsule for oral administration containing 200mg ibuprofen, with 'ANADIN' printed in white ink on the shell. Uses: For the relief of mild to moderate pain including rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, and for relief from cold and influenza symptoms. (Pharmacy Only-Also symptomatic relief of the pain of non-serious arthritic conditions.) Dosage: For all indications. Adults, the elderly and children over 12 years of age: 1 or 2 capsules every 4 to 6 hours as required. The capsules should be taken with water. Do not exceed 6 capsules (1200mg) in any 24 hour period. Not to be used for children under 12 years of age. Contraindications: Use in patients hypersensitive to any of the ingredients. Use in patients hypersensitive to aspirin or with bronchospasm, asthma, rhinitis or urticaria associated with non-steroidal anti-inflammatory drugs. Ibuprofen should not be given to patients with current or previous peptic ulceration. Interactions: Concurrent aspirin or other NSAIDs may result in an increased incidence of adverse reactions. May enhance the effects of anticoagulants. May diminish the effect of antihypertensives or thiazide diuretics. Increases in serum lithium concentrations following concomitant administration may be clinically significant. Concomitant administration with moderate and high doses of methotrexate may lead to serious and fatal methotrexate toxicity. Patients with reduced renal function may be at additional risk of toxicity from the ibuprofen and methotrexate combination even when low doses of methotrexate (≤ 20mg/week) are used. Precautions and special warnings: Bronchospasms may be precipitated in patients suffering from or with a previous history of bronchial asthma or allergic disease. Caution is required in patients with renal, cardiac or hepatic impairment since renal function may deteriorate. The dose should be as low as possible and renal function should be monitored. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. The elderly are at increased risk of the serious consequences of adverse reactions. Side-effects: Gastro-intestinal and skin disorders are most frequently reported. Hypersensitivity reactions, which may consist of non-specific allergic reactions and anaphylaxis. These may be experienced as: a) respiratory tract reactivity b) assorted skin disorder. Adverse effects include the following:- Gastro-intestinal: Abdominal pain, nausea and dyspepsia, constipation, diarrhoea and occasionally peptic ulcer and gastro-intestinal haemorrhage. Skin: Rashes, pruritus, urticaria, angiodema, purpura and occasional exfoliative dermatitis and epidermal necrolysis. Haematological: Most frequently thrombocytopenia, but occasionally agranulocytosis and aplastic anaemia. Renal: Haematuria, interstitial nephritis, renal papillary necrosis and renal failure have occasionally been reported. Respiratory: bronchospasm may be precipitated in patients suffering from or with a previous history of bronchial asthma or allergic disease. Other: Rarely hepatic dysfunction, headache, hearing disturbances and dizziness. Use in pregnancy and lactation: While no teratogenic effect has been demonstrated in animal experiments, use of Ibuprofen during pregnancy should, if possible, be avoided. The onset of labour may be delayed and duration of labour increased. Ibuprofen does appear in breast milk in very low concentrations but is unlikely to affect the breast fed infant adversely. Effect on ability to drive and use machines: None known. Incompatibilities. None known. Overdose: In cases of overdosage, headache, vomiting, drowsiness and hypotension have been reported. Hyperkalaemia may develop. Treatment is supportive with gastric lavage and correction of severe electrolyte imbalance if required. Pharmaceutical Precautions: No special precautions. Legal Category: 8 and 16 packs GSL, 32 packs P. Shelf Life: 2 years. Package quantities and Price RRP. Blister packs of: 8 capsules RRP £1.65, 16 capsules RRP £2.80, 32 capsules RRP £4.65. Product Licence No: PL 00165/0142. Product Licence Holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of Preparation: May 2005. **ANADIN* IBUPROFEN 200mg TABLETS**. Presentation: Coated tablet for oral administration containing 200mg ibuprofen. Indications: For the relief of mild to moderate pain including rheumatic and muscular pain, backache, neuralgia, migraine, headache, toothache, dysmenorrhoea, feverishness and for relief from cold and influenza symptoms. Dosage: Adults, the elderly and children over 12 years of age: One or two tablets to be taken with a drink of water up to three times a day, as required. The dose should not be repeated more frequently than every four hours and not more than 6 tablets should be taken in any 24-hour period. Not to be given to children under 12 years of age. Contraindications: Ibuprofen should not be given to patients who have or have had a peptic ulcer, aspirin sensitivity, hypersensitivity to ibuprofen or to any of the other ingredients. History of upper GI bleeding or perforation, related to previous NSAID therapy. Use with concomitant NSAIDs including cyclo-oxygenase-2 specific inhibitors. Interactions: Concurrent administration of aspirin, other NSAIDS or corticosteriods may result in increased incidence of adverse reactions. NSAIDS may diminish the effect of hypertensives or diuretics. NSAIDS may potentiate the effects of lithium and anti-coagulants. Special warnings and precautions: Bronchospasm may occur in patients with a history of asthma or allergic diseases. Caution is required in [illegible] since renal function may deteriorate. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. The elderly are at increased risk of undesirable effects. GI bleeding, [illegible] particularly in the initial stages of treatment. There is some evidence that drugs, which inhibit cyclo-oxygenase/prostaglandin synthesis, may cause impairment of female fertility by an effect on ovulation. This is [illegible] hours in patients receiving ibuprofen, the treatment should be withdrawn. Side effects: Hypersensitivity reactions, which may consist of non-specific allergic reactions and anaphylaxis. These may be experienced as: a) [illegible] skin disorder. Gastro-intestinal and skin disorders are most frequently reported. Adverse effects include the following:- Gastro-intestinal: Abdominal pain, nausea and dyspepsia and occasionally peptic ulcer and gastro-intestinal [illegible] rashes, pruritus, urticaria, angiodema, purpura and rarely exfoliative dermatitis and epidermal necrolysis. Haematological: Thrombocytopenia. Renal: renal papillary necrosis and renal failure have been reported occasionally. Respiratory: [illegible] Other: Rarely hepatic dysfunction, headache, hearing disturbances and dizziness, exacerbation of colitis, aseptic meningitis. Effect on [illegible] stated. Incompatibilities. None stated. Use in pregnancy and lactation: Whilst no teratogenic effects have been demonstrated in animal studies, ibuprofen should be avoided during pregnancy. Overdose: In cases of [illegible] RRP. Blister packs of: 16 tablets RRP £1.85. Marketing Authorisation No: PL 00165/0136. Marketing Authorisation Holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane [illegible] Date of preparation: May 2005

*Trade Mark

Triple Action Anadin Extra.

Aspirin targets the point of pain

Paracetamol
helps block pain messages getting to the brain

Caffeine
accelerates pain relief

When your customers need to beat pain fast.

Presentation: Tablet for oral administration. Each tablet contains Aspirin BP 300mg, Paracetamol Ph Eur 200mg, Caffeine Ph Eur 45mg. Indications: For the treatment of mild to moderate pain including headache, migraine, neuralgia, toothache, sore throat, period pains. Symptomatic relief of sprains, strains, rheumatic pain, sciatica, lumbago, fibrositis, muscular aches and pains, joint swelling and stiffness, influenza, feverishness and feverish colds. Dosage: Adults, the elderly, and young persons aged 16 and over: 2 tablets every 4 hours to a maximum of 8 tablets in 24 hours. Not for children under 16 years unless on the advice of a doctor. Contraindications: Hypersensitivity to the active ingredients or any of the constituents. Peptic ulceration and those with a history of peptic ulceration, haemophilia, concurrent anti-coagulant therapy, children under 16 years and when breast feeding because of possible risk of Reye's Syndrome. Interactions: Aspirin: Concurrent use of other NSAIDS or corticosteroids may increase the likelihood of GI side effects. Diuretics: Antagonism of the diuretic effect. Anticoagulants: Increased risk of bleeding due to antiplatelet effect. Metoclopramide increases the rate of absorption of aspirin. Phenytoin: The effect may be enhanced by aspirin. Valproate: The effect may be enhanced by aspirin. Methotrexate: Delayed excretion and increased toxicity of methotrexate. Paracetamol: Cholestyramine: Absorption is reduced by cholestyramine. Metoclopramide and Domperidone: Absorption is increased by metoclopramide and domperidone. Warfarin: Potentiation of warfarin with continual high dosage of paracetamol. Chloramphenicol: Increased plasma concentration of chloramphenicol. Special warnings: Use with caution in patients with asthma, allergic disease, impairment of hepatic or renal function (avoid if severe) and dehydration. Do not use in patients with stomach ulcers. Do not take together with other paracetamol containing products. Taking too many products containing paracetamol may be harmful and you should get medical advice straight away even if you do not feel... There is a possible association between aspirin and Reye's syndrome when given to children. Reye's syndrome is a very rare disease, which affects the brain and liver and can be fatal. For this reason aspirin should not be given to children under 16 years... Precautions: Do not exceed the stated dose. Side effects: Aspirin and paracetamol: Bronchospasm and skin reactions may occur in hypersensitive patients. Isolated reports of thrombocytopenia, purpura, methaemoglobinaemia and agranulocytosis. Aspirin: Side effects are mild and infrequent, but there is a high incidence of gastro-intestinal irritation with slight asymptomatic blood loss. Increased bleeding time. May induce gastro intestinal haemorrhage. May precipitate gout in susceptible individuals. Possible risk of Reye's Syndrome in children under 16 years. Caffeine: high doses can cause tremor and palpitation. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended in late pregnancy and when breastfeeding. Overdosage: Severe intoxication from heavy overdosage of aspirin is shown by hyperventilation, fever, restlessness, sensitivity, drowsiness, metabolic acidosis and convulsions. Symptoms of paracetamol overdose in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion. Abnormal blood glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure, renal failure, cardiac arrythmias and pancreatitis may occur. Pharmaceutical precautions: No special precautions stated. Legal category: Up to 16 tablets - GSL, 17 to 32 tablets – P. Package quantities and price RRP: Blister packs of: 8 tablets RRP £1.30, 12 tablets RRP £1.80, 16 tablets RRP £2.25, 32 tablets RRP £3.35. Marketing Authorisation No: PL [illegible]. Marketing Authorisation Holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH. Date of preparation: May 2005. Always read the label.

increased fibrinogen leading to coronary artery thrombus has not been accounted for in this analysis. "Maybe the message should be arthritis increases your cardiac risk."

The International Ibuprofen Foundation, an industry lobby group, was disappointed by the interpretation of the results, and the way the news had been broken. "[The IIF] considers the associated press release as misleading and irresponsible in referring to a 24 per cent increased risk of heart attacks with prescription ibuprofen. There is a great danger that this figure may be inaccurate and falsely interpreted," it said as the *BMJ* was published. In particular, it noted: "There is no explanation in the paper as to why the people were taking the drugs, whether they were taking any over the counter remedies or the severity of any underlying medical conditions.

"We are concerned that the UK media coverage on this study will have been misinterpreted by readers and resulted in confusion. It should be emphasised that the study was exclusively confined to prescription use of ibuprofen ie high dose and for long duration and not in any way with occasional use, at low doses, for minor ailments by the general public. It is unfortunate that this important distinction was not made as emphatically as it should have been. Many users of ibuprofen will have been worried by this omission."

It is not clear what the long-term effect of this latest health scare will be. Only last month, the MHRA reaffirmed its commitment to introducing a new class of analgesic, tryptans, as an over the counter product. Its business plan for 2005-06 says that it wants to build on the reclassification successes of last year. "New applications of importance to the public health strategy which we expect during 2005-06 include ... a tryptan for migraine."

Doctors are already voicing their disquiet over the potential OTC availability of tryptans before the consultation has even gone out. It could be that this latest health scare could have added to the headache that the tryptans would better help resolve.

Reference:
1. Risk of myocardial infarction in patients taking cyclo-oxygenase-2 inhibitors or conventional non-steroidal anti-inflammatory drugs: population based nested case-control analysis by Julia Hippisley-Cox, professor of clinical epidemiology and general practice.

The pain relief **market**

The analgesics sector is the largest over the counter market, with adult oral pain relief worth £323.8 million towards the end of last year. However, retailing activity such as 'everyday low pricing' (EDLP) and 'deep cut price' promotions has contributed to a downturn in sales by 3.4 per cent (*IRI MAT November 27 2004 all outlets*), suggests GlaxoSmithKline Consumer Health.

As a result, the OTC analgesics sector market penetration fell slightly to 69 per cent, but frequency of purchase remained level, with consumers on average buying pain relief products five and a half times a year (*TNS Superpanel 52 w/e December 5 2204*).

The upward trend in the grocery sector contributed to the GSL products gaining share from pharmacy-only products.

"Pharmacists are still heavily relied on to provide advice, especially in connection with specific types of pain, new or different pain such as backache or mild arthritis pain," says GSK. "Consumer s usually seek a recommendation when they are in the process of changing their pain relief product. When they are suffering pain through a particularly stressful or demanding situation, they will turn to a stronger or faster pain reliever to help them through."

GSK reported that while it remains the number two manufacturer, it saw its value share increase to 15.3 per cent, in part due to the introduction of two products, Compack from Panadol and Solpadeine Headache. "The Solpadeine brand benefits from consistent above-the-line marketing support throughout the year – including national TV and posters – with executions including the familiar 'Karate' ads (£700,000 MEAL equivalent) used to support the brand's pharmacy-only products," says the company. "The brand has been growing more than 4 per cent above the market (*IRI HBA outlets MAT 52 w/e November 27, 2004*), against a background of market decline, achieving its highest market share of 10.1 per cent (*IRI all outlets £/share of adult oral pain relief for w/e July 10, 2004*) in the last three years."

"The Solpadeine brand will be a strong focus for GlaxoSmithKline Consumer Healthcare in 2005 and heavy investment including further TV support is planned for later in the year," said a spokesman. GSK points out that Solpadeine Plus maintained its position as the lead in pharmacy-only analgesic brand (*IRI £/sales 52 w/e 22 Jan, 2005 all outlets*).

Hot on the heels of the Solpadeine campaign, GlaxoSmithKline launched its Panadol ActiFast national poster campaign on Monday, with an MEAL equivalent of £550,000.

Over 2,000 sites will feature the six-sheet posters, using the theme "twice as fast" to explain that for some people, Panadol ActiFast can work twice as fast as standard paracetamol tablets.

GSK will further supplement the Panadol brand with marketing support later in the year, and is currently developing the new creative and media choices.

GlaxoSmithKline Consumer Healthcare, tel: 0845 7626637
www.practicehealth.co.uk

Nurofen has been targeting health professionals with a reference guide on the use of ibuprofen for infants and children.

The guide aims to address some of the negative perceptions, which

the author Dr Dipak Kanabar says persist regarding the tolerability and safety of ibuprofen in children, which are not actually substantiated by the clinical data. In particular, the guide compares the properties and effects of ibuprofen to paracetamol and says that ibuprofen has shown comparable or greater efficacy than paracetamol in relieving pain and reducing fever in children.

Part of its message to prescribers is that Nurofen for Children is now licensed for babies as young as three months, for short-term use in the reduction of fever and relief of mild to moderate pain.

It has been a busy year, too, with the launch of Nurofen for Children Strawberry, helping Nurofen for Children remain the best-selling paediatric ibuprofen suspension, says the company. It is also gearing up for a brand expenditure of over £3.5 million on television over the summer.

Crookes Healthcare, tel: 0115 953 9922

Calpol is sustaining its leading position among children's medicines. It has a 60.7 per cent value share of the pharmacy market, in a total market worth over £57 million (*IRI Data 52 w/e October 2, 2004*). It's popularity with mothers has also seen it voted 'winner' by the readers of *Mother & Baby* for seven consecutive years.

Calpol's pharmacy and parent support includes educational material, including leaflets and factsheets, the 'Preganant dad's rescue pack', a website (*www.calpol.co.uk*), and the *Pain and Fever Guide*. In addition, a series of six training modules were launched last year and can be ordered by e-mail at *training@pfizer.com* or by phone on 01737 331164.

All materials can also be obtained from the Pfizer Consumer Healthcare Advisory Bureau on 01737 331171 or downloaded from the Calpol website.

Pfizer Consumer Healthcare, tel: 01304 616161

Manx Healthcare is promoting Midrid in over 6,000 GP surgeries with a leaflet campaign, and the company says that further consumer press advertising will follow later in the year.

Manx Healthcare, tel: 0191 482511 *info@manxhelathcare.com*

Anadin is spending £8 million on its new multi-media advertising campaign which kicked off recently, with the message; "Anadin – for people who just get on with it." The nine-week television campaign will run into July, with its prime target audience being women in the 35-55 age group.

Anadin's marketing director Katherine Browne said the new ad creative is a "fresh and new direction" for the brand and follows extensive research. "We know Anadin is a much loved and trusted brand and our research has shown that this new advertising will appeal to people who simply need to get on with their lives regardless of aches and pains. We believe consumers will see a bit of themselves in the heroine and it will no doubt strike a chord with their everyday lives and pains," she said.

Wyeth Consumer Healthcare, tel: 01628 669011

Topical analgesics

The topical analgesics market saw sales up by 6.7 per cent overall, and in pharmacy, growth was up 5.2 per cent in value, while unit sales grew by 4.5 per cent (*IRI Feb 2005*). However, heat rubs and creams faired less well in the pharmacy sector, dipping slightly.

Mentholatum has seen continued growth, and stakes a claim to being the UK's biggest topical analgesics manufacturer. The company's share of the market, with Deep Heat and Deep Freeze, approached a quarter of

Continued on page 38 ▶

overall sales, and performed well in pharmacy, accounting for 65 per cent of the Mentholatum topical analgesic sales.

Deep Heat also went against the trend of pharmacy sales of heat rubs and creams, with a 1 per cent rise in value sales. Deep Heat rubs and creams accounted for 54 per cent of value sales. Sales of the Spray grew 2.6 per cent against a sector growth of just 0.2 per cent. Within pharmacy, Deep Heat Spray saw 45 per cent of value sales.

Meanwhile, the Deep Freeze brand continued to grow steadily with 63 per cent of its sales taking place within pharmacy. The Spray rose 11 per cent year on year, and the Gel saw sales increase 13.5 per cent.

Pharma Consumer Care (Great Britain), tel: 01202 314824, Prima Brands (Northern Ireland), tel: 02890 814700

A Novartis survey of the over 45s found that over 94 per cent of this age group suffer from some sort of body pain at least occasionally. It also found that 70 per cent of those questioned were happy to treat their pain, to avoid it getting in the way of an active life.

The survey of 542 respondents was carried out to look at how pain affects their lifestyles, and to see how people respond and continue to "live life to the full". Over half (54 per cent) reported that they suffer regularly because they have a particular medical condition. Women were found to be more likely to suffer from body pain than the men, and were also more likely to suffer from a particular condition. Women were also more likely to use a remedy to keep pain at bay: 75 per cent of women compared to 60 per cent of men.

While most sufferers were in the over 65 age group, a third were aged between 55 and 64. The most commonly reported condition across the whole group was joint pain, endured by 55 per cent, while 40 per cent reported that they suffer from back pain, and a third reported suffering from general muscle aches and strains.

The *Young at Heart* survey was carried out for Voltarol Emulgel P in March by a self-completion questionnaire at an event hosted by *Yours* magazine, a magazine for the over 50s. Of the 542 respondents over the age of 45, 393 were women and 149 were men.

Novartis Consumer Health, 01403 210211

Dendron's research for Ibuleve suggests that two-thirds of its users are in the 55 plus category (of whom seven out of 10 are women). There is a difference in the need to use the topical [illegible] product: the over-55s cite chronic backache, rheumatism and muscular pains as the most common reason for purchase, but younger users (below 35 years) buy Ibuleve for transient muscular pains, sprains and strains caused by activities such as sports, carrying heavy objects and lifting children.

The brand has a significant share of the OTC topical NSAID market, with 53 per cent of sales in pharmacy, according to the *British Pharmaceutical Index, Sept 2004*, says the company.

Dendron Ltd, tel: 01923 229251

Radian B extended its range earlier this year when it launched a new application format for its ibuprofen gel. The Radian B Ibuprofen Gel Massage Stick contains 30g of a 5 per cent gel and is applied through a dome-shaped nozzle applicator, using a 'twisting screw' mechanism.

Ransom Consumer Healthcare was devoting £100,000 to consumer support, and can supply point of sale material on request.

Ransom Consumer Healthcare, tel: 01462 437615 *Infor@williamransom.com*, *www.williamransom.com*

DDD has been especially pleased with the success of 4head, its topical application for headache. "It confirms that 4head really has awakened a dormant need in the market and that the latent 'waiting behaviour', where sufferers are reluctant to treat at the first sign of a headache, is no longer necessary," says brand manager Leonie Schofield.

The brand has been supported with a "heavyweight" 30-second television advert, as well as a national press campaign and PR. Point of sale items, including shelf edgers and window show cards, are available from Dendron representatives.

Dendron Ltd, tel: 01923 22951

The market

	Value £m	Growth/decline +/-per cent y-on-y
Total market	323.8	-3.4
Grocery & drugstore	147.3	-2.3
Pharmacy inc Boots	176.5	-4.2

Source: IRI MAT Nov 27 '04 All outlets (value)
(Figures supplied by GSK)

PRODUCT INFORMATION:

NUROFEN FOR CHILDREN:
Suspension of ibuprofen 100mg/5ml.
Indications: reduction of fever, and relief of mild to moderate pain.
Dosage: 20-30mg/kg bodyweight in divided doses (see pack for details). Not suitable for children under 3 months of age unless advised by a doctor. For oral administration. For short term use only.
Contraindications: Hypersensitivity to constituents. History of, or existing peptic ulceration. History of asthma, rhinitis or urticaria associated with aspirin or other NSAIDs.
Precautions and Warnings: If symptoms persist for more than 3 days, consult a doctor. Do not exceed the stated dose. Caution in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult a doctor before use. Nurofen for Children is not suitable for patients with stomach ulcers or other stomach disorders.
Side Effects: Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration, renal failure. Also very rarely thrombocytopenia. Bronchospasm may occur in patients with a history of aspirin sensitive asthma.
Product Licence Holder: Crookes Healthcare Ltd, NG2 3AA.
Legal Category: P.
MRRP: 100ml: £3.59. 150ml: £4.59.
Nurofen for Children: PL 00327/0085.
Date of preparation: June 2005.

References:

1. Sidler *et al.* A double-blind comparison of ibuprofen and paracetamol in juvenile pyrexia. *Br J Clin Pract* 1990; **44**(suppl70):22-5.
2. Kelley MT *et al. Clin Pharmacol Ther* 1992; **52**:181-189.

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Focused on the patient

Rowlands Pharmacy likes its pharmacists to be patient-centred, keen to embrace the new contract and to develop the business, Jane Ellis discovers

Human resources manager Sandra Roberts sees Rowlands offering a variety of opportunities through its growing number of pharmacies

Until 1998, Rowlands was a small family firm with around 70 community pharmacies in and around North Wales, Cheshire, Shropshire and the Wirral.

For the last eight years the company has been owned by Phoenix Medical Supplies, the second largest pharmaceutical wholesaler in Europe, with representation in most European countries.

The current chief executive, David Cole, is the sixth generation of the Rowlands family.

There are now 385 Rowlands pharmacies from Inverness to Portsmouth, excluding London and the South East, Devon and Cornwall, and 3,300 employees.

All retail branches are supplied from 13 Phoenix Healthcare Distribution depots, which are scattered from Aberdeen down to Plymouth.

The pharmacies are divided into 15 areas, each including around 25 branches, looked after by an area manager. The head office is in Runcorn, Cheshire where there are around 100 retail staff involved in all areas from accounts to training.

Rowlands says it seeks "patient-focused" pharmacists who are looking to increase contact between the pharmacy and other healthcare providers such as GPs and practice nurses.

"They must understand and be keen to embrace the new pharmacy contract and be interested in service development within the business," explains human resources manager Sandra Roberts.

Because the company has a variety of stores in different locations with different managerial challenges it offers a spectrum of opportunity to any pharmacists keen to develop their own skills while assisting in moving the business forward.

"Pharmacists with a particular aptitude for dispensing could remain in that role since a number of branches have a very busy dispensing operation, but they must also be patient-centred in their approach and be willing to be involved in basic managerial responsibilities such as absence management," adds Ms Roberts.

"They [pharmacists] must understand and be keen to embrace the new pharmacy contract"

To assist pharmacists in their career development, Rowlands encourages and sponsors them for the *Skills for the Future* course. The company is also in the process of developing guidance for pharmacists on how to complete their CPD in addition to providing access to CPPE and articles in the company's *Monthly Update* publication.

As well as a competitive salary that reflects the location and type of business in which they work, pharmacists are offered a contributory pension scheme, life insurance, private medical insurance and payment of the RPSGB's registration fees.

Although there is no individual bonus scheme because the company believes everyone in the branch is important to the growth of the business, there is a monthly opportunity to achieve a bonus in which everyone in the branch shares in the rewards.

There are opportunities for pharmacists to advance through the ranks as Rowlands continues to grow. Openings for new positions are also frequently available either at head office or as field personnel.

"Wherever possible we like to promote from within, offering a career path for those who aspire to achieve more," says Ms Roberts.

She gives examples of two branch managers who have been promoted to the new position of primary care development pharmacists, and two area managers who have moved up to regional manager.

Where possible the company promotes branch managers to area manager and offers pharmacists the opportunity to move between branches so that they can develop personally. For example, newly qualified pharmacists are given the chance to experience relief management where they can build on the skills they have learned in training. After an appropriate length of time, based on the individual's performance and requirements, they will be offered a suitable branch to manage.

This type of support helps to retain staff who are also encouraged by an approachable head office and line managers, a flat management structure and qualified support staff in all branches.

"We are patient and community focused. There is minimal paperwork, allowing pharmacists to do what they do best," adds Ms Roberts.

In addition to working hard at staff retention, Rowlands also has its eye on succession and offers an extensive pre-registration training programme where trainees are given the skills not only to pass their final exams, but also basic management skills that will assist them once they are qualified and out in the world of pharmacy. The company claims a higher than average pass rate and good retention of trainees once they have qualified. For the last few years the company has offered 12-15 placements on the pre-registration training programme each year.

Pharmacy students seeking vacation work are also taken on and placed in suitable branches where they can learn the skills they will need when qualified.

So far, the main source of recruitment at Rowlands has been through word of mouth or on the recommendation of a current employed pharmacist, through the pharmaceutical press and overseas media, and recruitment fairs in the UK and abroad. Internal recruitment also takes place through an end-of-year assessment carried out with its pre-reg students.

Rowlands is now developing its own website, which is expected to go live in the summer at *www.careandadvice.com*, where it hopes to post-job vacancies as well as information about the company.

Such is the diversity of its talent that Rowlands currently employs 32 Spanish pharmacists, with more to arrive shortly, three from Poland, who have quickly made the necessary adjustment to UK regulations and are now branch managers, and some from Italy and Australia.

For more information e-mail *sroberts@phoenixmedical.co.uk*

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Phoenix days

As women pharmacists celebrate the centenary of building their own voice in a profession dominated by men, others have been, well ... just letting their hair down.

A group of "lady pharmacists" and "two ladies who help out their pharmacist husbands" have been enjoying the kind hospitality of wholesaling group Phoenix, which invited them to wine, dine and opine, and then have a beauty session. Courtesy of Phoenix's Glasgow depot, the group had lunch at Glasgow's 'exclusive' Living Room, and were then taken to the Next Generation Health Club for some serious pampering including a manicure, a facial and a makeover.

To correct any false impressions about the nature of the event, Phoenix reports that the conversation was around current subjects such as CPD, SOPs, the new pharmacy contract and even acquisitions. This is not the first time that Phoenix has treated its women pharmacists: last year it took a group out to a 'hen night' after it became "aware that many of their lady pharmacists never got together". Jillian Cunningham, who works at the Glasgow depot, organised and hosted the day and was helped by colleagues Kirsteen Stewart and Geraldine Longmore.

Pictured post-pampering are pharmacists Anne Fergusson from Fergusson Pharmacy, Balarnock, and Pauline Wood of Wood Chemist, Blackwood, Moodiesburn

Last Wednesday the National Association of Women Pharmacists celebrated the centenary of their first meeting on June 15, 1905. The celebration took place at the Royal Pharmaceutical Society in London, with HRH The Princess Royal as guest of honour. Other guests included the former Speaker of the House of Commons, Betty Boothroyd, left, who was invited as chancellor of the Open University. Princess Anne spent an hour talking to guests before cutting a cake prepared by NAWP members from the Blackpool branch

Moon**walking**

C&D Moonwalker Ailsa Colquhoun is pleased to report a successful end to her fund-raising effort for breast cancer charities *(C&D, May 28, p42)*.

Last Saturday night, Ailsa and her three team-mates walked 26.2 miles around London in decorated bras in the 2005 Playtex Moonwalk. Between them they raised over £2,000 in sponsorship, thanks to support from companies including GSK, Pfizer Consumer Health and Unilever.

Commenting, Greg Bertolotti, GSK's customer marketing manager, said: "We were delighted to support Ailsa and her team on her marathon walk for such a worthy cause and to be given the opportunity to contribute to raising awareness of this important issue."

Pictured, from the left, are: Ailsa, [illegible] Anne and [illegible]

Mimi, Helen and Emma – dressed to stay in!

Ascot in **comfort**

Always the one for a considered move, the ladies from Numark decided not to risk the vagaries of the weather and the British road network this year, opting instead to celebrate Ascot ladies day from a local hotel.

The ladies concerned – (from the left) Mimi Lau, professional services controller, own-brand controller Helen Groves and category development manager Emma Betts – are seen here all dressed for an enjoyable day out – but have not said whether their careful approach to the day extended to their betting!

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Reference: 1 Greener M, Ferguson R. *Pharm Mag* 2005; **11**: 44.

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